

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10039  
State File No. 1003 Registrar's No. 1924

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1924</b>			
1. PLACE OF DEATH a. COUNTY <b>D</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis Mo.</b>		c. LENGTH OF STAY (In this place) <b>Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis 2249</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2019 ARSENAL</b>				d. STREET ADDRESS (If rural, give location) <b>24 2019 Arsenal 0</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROTH</b>			b. (Middle) _____		c. (Last) <b>HANEI Sr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 16, 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>		8. DATE OF BIRTH <b>Aug. 8, 1889</b>			
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Solderer</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>Austria 4</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-03-4849</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Thomas M. Brady, P.A., St. Louis, Mo.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Carbon Monoxide Poisoning</b> suffered when deceased was because in fire in rooming house at 2019 Arsenal Street about 3:10 am Feb 16 1952 II. OTHER SIGNIFICANT CONDITIONS Damage to Bldg \$ 3500.00 contents \$ 890.00. Cause by fire apparently when overheated defective furnace had accident						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>purchase and accident</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb 16 52 3:10 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E 8920-15</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:10 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE, _____ (Degree or title) <b>Patrick P. Taylor, Coroner</b>				23b. ADDRESS <b>13050 Clark</b>		23c. DATE SIGNED <b>2/28/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-29-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>			
DATE REC'D BY LOCAL <b>FEB 28 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Students of Mortuary College* Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *James B. Lammers* \_\_\_\_\_  
Licensed Embalmer No. *4142* \_\_\_\_\_

P. O. Address *St. Louis* \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.