

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45528

State File No.

12115

FILED JAN 19 1954

318

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2269</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>26 2105 Salisbury</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) c. (Last) <u>Roth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-23-1953</u>	
5. SEX <u>M 0</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-4-1886</u>
9. AGE (In years last birthday) <u>67</u>		10. AGE (In years) UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carbor Carb</u>	
11. BIRTHPLACE (State or foreign country) <u>Austria</u> <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Michael Roth</u>		13b. MOTHER'S MAIDEN NAME <u>Maria Horvath</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary T. Roth</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary T. Roth - 2105 Salisbury</u>	
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* <u>Bilateral Hemorrhary</u> ANTECEDENT CAUSES <u>Fracture of ribs, suffered when deceased apparently slipped and fell while descending stairway at Carter Carburetor</u> MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>2840 No Spring Ave</u> <u>about 700 am Dec 23 1953</u> <u>Accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. DATE OF OPERATION	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St. Louis Mo 00</u>	
21c. HOME, FARM, FACTORY, STREET, OFFICE (City, town, or county)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 23 53 7A</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E9003</u>	
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 <u>9:30P</u> m., from the causes and on the date stated above. <u>45</u>			
23a. SIGNATURE (Degree or title) <u>Patrick E. Taylor Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>12-29-53</u>		24. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-26-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>DEC 23 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edw. Roth</u>		ADDRESS <u>2516 E. 14th</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

J. Allen Davis
.....

Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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

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