

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS 430	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis mo		c. CITY OR TOWN WELLSTON 30	
c. LENGTH OF STAY (In this place) 1 MO.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hospital		e. STREET ADDRESS (If rural, give location) 1819 ^a TIMBER LAKE AVE	

3. NAME OF DECEASED a. (First) CARL b. (Middle) CONRAD c. (Last) ROTH			4. DATE OF DEATH (Month) (Day) (Year) 6 8 54		
5. SEX M O		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED NEVER MARRIED	
8. DATE OF BIRTH 4/29/85		9. AGE (In years last birthday) 69		10. UNDER 1 YEAR Months Days 11. UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) JANITOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST. CHARLES, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME CHARLES ROTH		13b. MOTHER'S MAIDEN NAME ANNA NAHM		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME Mrs FRANK STRATMAN ADDRESS 1819 ^a TIMBER LAKE	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 1 month	
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis			
		DUE TO (c)			
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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201	
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22. I hereby certify that I attended the deceased from 5/6 54 to 6/8 54, 1954, that I last saw the deceased alive on 6/8 54 and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE R.C. Treiman (Degree or title) M.D.		23b. ADDRESS 462 No. Taylor		23c. DATE SIGNED 6/8/54	
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24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		24b. DATE 6/11/54		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM.	
				24d. LOCATION (City, town, or county) (State) ST CHARLES, MISSOURI	

DATE REC'D BY LOCAL REG. JUN 9 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nos. W. CLARK 1125 NODIAMONT AVE	
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Alfred J. Boeleke*
Licensed Embalmer No. *266*

P. O. Address *11257 H. de*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.