

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10447**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **1272203**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) University City		c. CITY OR TOWN University City d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 15 yrs		e. STREET ADDRESS (If rural, give location) 816 Berick Dr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 816 Berick Dr.			

3. NAME OF DECEASED (Type or Print) a. (First) Max b. (Middle) G. c. (Last) Roth			4. DATE OF DEATH (Month) (Day) (Year) March 24, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 23, 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 1 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10b. KIND OF BUSINESS OR INDUSTRY Ho-Ro-CO, Mfg. Co		11. BIRTHPLACE (City and State or Foreign Country) Germany	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Roth		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Amelia Roth		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-10-0867	
17. INFORMANT'S SIGNATURE OR NAME Amelia Roth		17. ADDRESS 816 Berick Dr.			

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epidemioid Carcinoma of Lung		
	DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 191X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 19 55** to **March 24 19 55**, that I last saw the deceased alive on **Mar 24 19 55** and that death occurred at **11:20 PM** from the causes and on the date stated above.

23a. SIGNATURE John B. Meyer MD (Degree or title)	23b. ADDRESS 5903 Olive	23c. DATE SIGNED March 25
24a. PERMITS, CREMATION, REMOVAL (Specify)	24b. DATE 3-28-55	24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Missouri	24e. FUNERAL DIRECTOR'S SIGNATURE Wm. J. Smith ADDRESS 1225 Union	
DATE REC'D BY LOCAL REG. 3/26/55	REGISTRAR'S SIGNATURE Richard R. Rombe MD	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
FD-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.....
Signature of Student Embalmer

Signed *Melvin L. Kemper*.....

Licensed Embalmer No. *405*

P. O. Address *3505 Oak St. Louis 20*

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.