

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38802
9691

State File No. _____
Registrar's No. _____

FILED NOV 18 1955

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

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No **49**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Alexian Bras. Hosp.** e. STREET ADDRESS (If rural, give location) **24 2914 Indiana Av.**

3. NAME OF DECEASED a. (First) **Ludwig** b. (Middle) _____ c. (Last) **Roth** 4. DATE OF DEATH (Month) (Day) (Year) **NOV. 5 1955**

5. SEX **Male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **divorced** 8. DATE OF BIRTH **July 3 1883** 9. AGE (In years last birthday) **72** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired Draftsman** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **Ambrose Roth** 13b. MOTHER'S MAIDEN NAME **Sophie Schmoll** 14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no.** 16. SOCIAL SECURITY NO. **no.** 17. INFORMANT'S SIGNATURE OR NAME **Lloyd Roth** ADDRESS **7312 Sutherland**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis** MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES: _____ DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ 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 **420.1** 20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:30** m., from the causes and on the date stated above.

23a. SIGNATURE **Patrick E. Taylor** (Degree or title) **Coroner** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **11. 7. 55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Nov. 8, 1955** 24c. NAME OF CEMETERY OR CREMATORY **New St. Marcus Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo**

DATE REC'D BY LOCAL REG. **NOV 7 1955** REGISTRAR'S SIGNATURE **J. Carl Smith** FUNERAL DIRECTOR'S SIGNATURE **McWhitt Bros & Co.** ADDRESS **2929 S. Jefferson**

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 *D. M. Davis*

Licensed Embalmer No. *374*

P. O. Address *2929 Per. Jg*

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.