

Dept. Health,  
oc., & Welfare  
J. S. Public  
Health Service

V.S. 300  
Rev. 1-56

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 1 1957

Registration District No. 318 Primary Registration District No. 1003

STATE FILE NUMBER 38076  
10032  
Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis.</b>		c. CITY OR TOWN <b>St. Louis.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>744 N. Euclid Ave.</b>		Length of stay in lb <b>40 Yrs.</b> STREET ADDRESS (If outside, give location) <b>744 N. Euclid</b>	
3. NAME OF DECEASED (Type or print) <b>George Peter Roth</b>		4. DATE OF DEATH <b>Oct. 25, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <b>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/></b>	8. DATE OF BIRTH <b>March 4, 1868</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman Liquid Carbonic Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years; last birthday) <b>89</b>
11. BIRTHPLACE (City and state or country) <b>Belleville, Illinois.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>George Roth</b>		14. MOTHER'S MAIDEN NAME <b>Unknown) Chuse</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. Nil.</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Laura Veldi, 746a N. Euclid Ave.</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic pneumonia</b> <b>senile</b> DUE TO (b) <b>Senile</b> DUE TO (c) <b>522x</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>March 8/56</b> to <b>Oct 25/57</b> and last saw her alive on <b>Oct 18/57</b> Death occurred at <b>6 - 7.17 Oct 25/57</b> on the date stated above, and to the best of my knowledge, from the causes stated			
22a. SIGNATURE <b>J. M. Black</b>		22b. ADDRESS <b>705 N. Kingshighway</b>	
22c. DATE SIGNED <b>Oct 25/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10-28-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Walnut Hill Cemestery</b>		23d. LOCATION (City, town, or county) (State) <b>Belleville, Illinois.</b>	
24. FUNERAL DIRECTOR <b>Albert H. Hoppe 4700 Washington, Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 26 57</b>	
26. REGISTRAR'S SIGNATURE <b>J. Carl Smith - md</b>			

(Licensed Embalmer's Statement on Reverse Side)

Missouri  
 St. Louis  
 40 Yrs. 40 Yrs. 40 Yrs.  
 7th N. Euclid Ave. 7th N. Euclid Ave. 7th N. Euclid Ave.  
 Oct. 25, 1951  
 George Peter Roth  
 Male white  
 Salesman Liquid Carbonic Co.  
 Belleville, Illinois  
 U.S.A.  
 (Unknown) Cause  
 George Roth  
 Mrs. Laura Roth 7th N. Euclid Ave.

JAN 1 6 49 58

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. Kessner*

Licensed Embalmer No. 405  
 4911 Washington  
 P. O. Address  
 St. Louis, Mo

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.

Albert J. Poppe 1300 Washington Blvd