Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016385
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4786

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 01 3418 McKean — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2169 3418 McKean Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ADOLPH Middle G. Last ROTH
4. DATE OF DEATH: Month May Day 3 Year 1958
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 4, 1881
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter-Rub'r Engraving Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Belleville, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Unknown Roth
13b. MOTHER'S MAIDEN NAME: Sophia Kraft
14. NAME OF HUSBAND OR WIFE: Clara Roth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 493-10-5965
17. INFORMANT: Clara Roth Address: 3418 McKean Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: ¼ HOUR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIOSCLEROTIC HEART DISEASE — 2 years
DUE TO (c): Aging 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) --
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year --
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7/5/56, to 5/3/58 and last saw him alive on 5/1/58
Death occurred at 4:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Chas. O. Metz (Degree or title) M.D.
22b. ADDRESS: 3102-A So. Grand Blvd
22c. DATE SIGNED: 5/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal(Mtr)
23b. DATE: 5-6-1958
23c. NAME OF CEMETERY OR CREMATORY: Zoar Evangelical Cem.
23d. LOCATION (City, town, or county) (State): Columbia, Ill.
24. FUNERAL DIRECTOR: Kriegshauser ADDRESS: 4228 S.Kingshighway
25. DATE RECD. BY LOCAL REG.: MAY 5 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stor

Licensed Embalmer No. 4007

P. O. Address .....

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.