

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042885

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3133

300 4
1-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ballwin</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Jennings</u> <u>4148</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Crest Home</u>		Length of stay in lb <u>2 weeks</u>	d. STREET ADDRESS (If outside, give location) <u>5640 Helen Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>W</u> Last <u>Roth</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>28</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 5, 1881</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Machinist</u>		11. BIRTHPLACE (City and state or country) <u>Hannibal, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Roth</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Moore</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Roth (Dec'd)</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-01-4684</u>	
17. INFORMANT <u>Anna Roth (Dec'd)</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Mitral Stenosis</u> DUE TO (c) <u>Rheumatic Fever 410X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis, Scaility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Don't know</u> <u>Don't know</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>		20d. INJURY OCCURRED WHILE AT <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 <u>St. Louis, Mo.</u>		20g. COUNTY <u>St. Louis</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from Death occurred at <u>9:15 P.M.</u>		21. I attended the deceased from Date <u>Nov. 10, '58</u> to <u>Nov. 26, '58</u> and last saw her alive on <u>Nov. 26, '58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from Date <u>Nov. 10, '58</u> to <u>Nov. 26, '58</u> and last saw her alive on <u>Nov. 26, '58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Robert W. Zapp</u> (Degree or title)		22b. ADDRESS <u>Res 22, Mandeville</u>		22c. DATE SIGNED <u>11-30-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12/1/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cemetery</u>	
23d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>		23e. (State)		23f. (State)	
24. FUNERAL DIRECTOR <u>Louis H. Poff Inc.</u>		ADDRESS <u>Kirkwood</u>		25. DATE RECD. BY LOCAL REG. <u>12-1-58</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert R. Lonke, M.D.</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Lonke, M.D.</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Lonke, M.D.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.

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 *Francis J. [Signature]* _____

Licensed Embalmer No. 4512

P. O. Address Hubbard, 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.