

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032857

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7829** STATE FILE NUMBER

FILED AUG 22 1962

1. PLACE OF DEATH
 a. COUNTY **St Louis Mo.**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St Louis Mo.** Length of stay in lb **Life**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **5049 Alabama** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 e. STATE **Missouri** COUNTY **St Louis**
 c. CITY OR TOWN **5049 Alabama St. Louis** Inside Limits No
 d. STREET ADDRESS (If outside, give location) **5049 Alabama** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
EDWIN ROTH
 4. DATE OF DEATH **8-9-1962** Month Day Year
 5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **10-6-1889** 9. AGE (last birthday) **72**
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) **Brewery Worker** 10b. KIND OF BUSINESS OR INDUSTRY **Busch** 11. BIRTHPLACE (City and state or country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**
 13a. FATHER'S NAME **Louis Roth** 13b. MOTHER'S MAIDEN NAME **Not Known** 14. NAME OF HUSBAND OR WIFE **Johanna Zech Roth**
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) **NO** (If yes, give war and dates of service) **NO** 16. SOCIAL SECURITY NO. **NO** 17. INFORMANT **Johanna Roth** Address **5049 Alabama**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **ACUTE MYOCARDIAL INFARCTION** INTERVAL BETWEEN ONSET AND DEATH **15 min**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **CORONARY ARTERY DISEASE** **3 yrs.**
 DUE TO (c) **420.1**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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 **1960** to **8/9/62** and last saw him live on **8/7/62**
 Death occurred at **6 A M** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Charles Bladins** 22b. ADDRESS **3438 S. GRAND BLVD** 22c. DATE SIGNED **8/10/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **8-11-1962** 23c. NAME OF CEMETERY OR CREMATORY **Resurrection Cem** 23d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

24. FUNERAL DIRECTOR ADDRESS **WINGBERMUEHLE 3819 So Grand Blvd.** 25. DATE RECD. BY LOCAL REG. **AUG 10 1962** 26. REGISTRAR'S SIGNATURE **Roald Smith, M.D.**

VS 300 Rev. 4/59
 1
 2 **2/5**
 3
 4 **0**
 5 **1**
 6
 7 **0**
 8 **2**
 9
 10
 11
 12 **90-0**
 13

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

90

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 George J. Kingbeimelle

Licensed Embalmer No. 4611

P. O. Address St Louis 18 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.