

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **32241**
 XC 14 806 484
 Reg. #87229

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2146</u>	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MISSOURI b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 46 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TIPTON.		06812	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.				d. STREET ADDRESS (If rural, give location) NONE			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) L.		c. (Last) ROTH		4. DATE OF DEATH (Month) (Day) (Year) SEPT 10, 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-18-19	
9. AGE (In years last birthday) 31 YRS		# UNDER 1 YEAR: Months _____ Days _____		# UNDER 1 YEAR: Hours _____ Min. _____		# UNDER 1 YEAR: _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) CALIFORNIA, MISSOURI				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME EDWARD L. ROTH		13b. MOTHER'S MAIDEN NAME CLARA HEMPEL		14. NAME OF HUSBAND OR WIFE SARAH L. ROTH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II		16. SOCIAL SECURITY NO. 487108470		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF COLON ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X				INTERVAL BETWEEN ONSET AND DEATH 153X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 153X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X			
22. I hereby certify that I attended the deceased from <u>7-27-50</u> , 19 <u>50</u> , to <u>9-10-50</u> , XXXXXX and that death occurred at <u>2:20A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Mary S. Ritchey</i>		(Degree or title) M.D.		23b. ADDRESS VAH JEFF BRKS, MISSOURI		23c. DATE SIGNED 9-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-10-50		24c. NAME OF CEMETERY OR CREMATORY Tipton, Mo.		24d. LOCATION (City, town, or county) (State) Tipton, Mo.	
DATE REC'D BY LOCAL REG. 9-10-50		REGISTRAR'S SIGNATURE <i>Herbert R. Dombke MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

SEP 20 1951

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 Me

working under my personal supervision.

Student Embalmer No.

Signed

Elton R. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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 this body is not embalmed, fact should be so stated above.