

# Certificate of Death

Certificate No. **18226**

FILED

1 NAME OF DECEASED: **GEORGE HERMAN ROTH**  
(Print or Type Name) First Name Middle Name Last Name Social Security Number

**PERSONAL PARTICULARS**  
(To be filled in by Funeral Director)

**MEDICAL CERTIFICATE OF DEATH**  
(To be filled in by the Physician)

2 USUAL RESIDENCE: (a) State **New York**  
 (b) City **New York** (c) Post Office **New York** and Zone **New York**  
 (d) No. **110 Riverside Drive** Ave. **St.**  
(If in rural area, give location)  
 (e) Length of residence or stay in City of New York immediately prior to death **26 years**

16 PLACE OF DEATH:  
 (a) NEW YORK CITY: (b) Borough **Manhattan**  
 (c) Name of Hospital or Institution **Memorial**  
(If not in hospital or institution, give street and number.)  
 (d) If in hospital, give Ward No. **910**  
 (e) Length of stay at place of death immediately prior to death **53 Days**

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)  
**August 16 1948 8:01 P.M.**

4 WIFE } of **Clair**  
 HUSBAND }  
 5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)  
**February 7 1895**

18 SEX **Male** 19 COLOR OR RACE **White** 20 Approximate Age **53**

6 AGE **53** yrs. **6** mos. **7** days **hrs.** or **min.**  
(If LESS than 1 day,)

21 I HEREBY CERTIFY that ~~(I attended the deceased)~~  
 (a staff physician of this institution attended the deceased)\*  
 from **June 24 1948** to **August 16 1948**  
 and last saw him alive at **8:01 P.M.** on **August 16 1948**

7 Occupation  
 A Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. **Retired**  
 B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. **Baseball Player**

I further certify that death ~~was not~~ caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

8 BIRTHPLACE OF DECEDENT: (a) State **Maryland**  
 (b) County **Baltimore** (c) City, Town or Village **Baltimore**

\* Cross out words that do not apply.  
 † See first instruction on reverse of certificate.

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? **U.S.A.**

10 WAS DECEASED WAR VETERAN IF SO, NAME WAR **No**

Witness my hand, this **17th** day of **August**, 19**48**.  
 Signature **Samuel Bowden** M. D.  
 Address **4450 East 68th St., A.P.C.**

11 NAME OF FATHER OF DECEDENT **George H. Roth**

12 BIRTHPLACE OF FATHER (State or country) **Maryland**

13 MAIDEN NAME OF MOTHER OF DECEDENT **Katherine Schamberger**

14 BIRTHPLACE OF MOTHER (State or country) **Maryland**

15 SIGNATURE OF INFORMANT **CLAIRE ROTH** RELATIONSHIP TO DECEASED **wife** ADDRESS **110 Riverside Dr. N.Y.C.**

16 PLACE OF BURIAL OR CREMATION **Gate of Heaven Cemetery** DATE OF BURIAL OR CREMATION **Aug 19 1948**

17 FUNERAL DIRECTOR **UNIVERSAL FUNERAL CHAPEL INC.** ADDRESS **507 LEXINGTON AVE.** PERMIT NUMBER **2177**