STATE OF FLORIDA
OFFICE of VITAL STATISTICS
CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. | STATE FILE NO. 83- 086778

1. DECEDENT—NAME: AKA Irwin J Roth | 2. SEX: Male | 3. DATE OF DEATH (Mo., Day, Yr.): Oct.12,1983

4. FACE—e.g., White, Black, Am. Indian, etc. (Specify): White | 5a. AGE—Last Birthday (Yrs.): 57 | UNDER 1 YEAR: 5b. MOS. / DAYS | UNDER 1 DAY: 5c. HOURS / MINS. | 6. DATE OF BIRTH (Mo., Day, Yr.): Aug 30 1926 | 7a. COUNTY OF DEATH: Broward

7b. CITY, TOWN OR LOCATION OF DEATH: Fort Lauderdale | 7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): 2857 N.E. 32nd Street | 7d. IF HOSP. OR INST. (Indicate DOA, OP/Emer. Rm., Inpatient) (Specify):

8. STATE OF BIRTH (If not in U.S.A., name foreign country): Ohio | 9. CITIZEN OF WHAT COUNTRY: U.S.A. | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married | 11. SURVIVING SPOUSE (If wife, give maiden name): NA

12. SOCIAL SECURITY NUMBER: 297-22-0652 | 13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent, Theatrical | 13b. KIND OF BUSINESS OR INDUSTRY: Wrestling

14a. RESIDENCE—STATE: Fla. | 14b. COUNTY: Broward | 14c. CITY, TOWN OR LOCATION: Fort Lauderdale | 14d. STREET AND NUMBER: 2857 NE 32nd St. | 14e. INSIDE CITY LIMITS (Specify Yes or No): Yes

15. FATHER—NAME: Edward Roth | 16. MOTHER—MAIDEN NAME: Rose Stern

17a. INFORMANT—NAME (Type or Print): Armin L. Roth | 17b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 334 Santa Clara NW, Canton, Ohio 44709

18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Removal | 18b. CEMETERY OR CREMATORY NAME: Northlawn Cemetery | 18c. LOCATION—CITY OR TOWN, STATE: Canton, Ohio

19a. FUNERAL DIRECTOR—(Signature): John R. Arthurs | 19b. FUNERAL HOME ADDRESS: Arthurs, 1351 NE 48th St., Pompano Beach, Fla.

To be Completed by CERTIFIED PHYSICIAN Only

20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):

20b. DATE SIGNED (Mo., Day, Yr.): | 20c. HOUR OF DEATH: M

20d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

To be Completed by MEDICAL EXAMINER

21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):

21b. DATE SIGNED (Mo., Day, Yr.): Jan. 12, 1984 | 21c. HOUR OF DEATH: Unknown M

21d. PRONOUNCED DEAD (Mo., Day, Yr.): Found Oct.12,1983 | 21e. PRONOUNCED DEAD (Hour): AT 12:25P.M. M

22. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print): 83-1338 Dr. Ronald K. Wright M.D MEDICAL EXAMINER, 5301 SW 31 Ave., Ft. Laud., Fla

REGISTRAR: 23a. (Signature): Betty P. Latimer - Asst Reg | 23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): Jan.25,1984

Date Issued: JUL 10 2009

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

WARNING: ALTERATION OR PHOTOCOPYING OF THIS DOCUMENT IS PROHIBITED

C. Meade Ivey, State Registrar

DH FORM 1946 (08-04)

CERTIFICATION OF VITAL RECORD

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