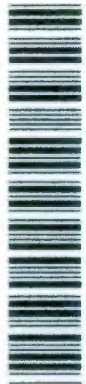


VOID IF ALTERED OR ERASED



Date Issued: JUL 10 2009

C. J. Macle Jr., State Registrar

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 OR PHOTOCOPIED 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 THERMOGRAPHIC INK.

WARNING:

DH FORM 1946 (08-04)

CERTIFICATION OF VITAL RECORD

25688300



CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO.		STATE FILE NO. 83- 086778	
DECEDENT-NAME- AKA FIRST Ernie MIDDLE J LAST Roth		SEX Male	DATE OF DEATH (Mo., Day, Yr.) Oct. 12, 1983
1. Irwin J Roth			
2. RACE—e.g., White, Black, Am. Indian, etc. (Specify) White	3. AGE—Last Birthday (Yrs.) 57	4. UNDER 1 YEAR MO. No. DAYS 13c HOURS 13d MIN. 13e	5. DATE OF BIRTH (Mo., Day, Yr.) Aug 30 1926
6. CITY, TOWN OR LOCATION OF DEATH Fort Lauderdale		7. COUNTY OF DEATH Broward	
8. STATE OF BIRTH (If not in U.S.A., Name and No.) Ohio		9. CITIZEN OF WHAT COUNTRY U.S.A.	
10. SOCIAL SECURITY NUMBER 297-22-0652		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
12. RESIDENCE—STATE Fla.		13. COUNTY Broward	
14. CITY, TOWN OR LOCATION Fort Lauderdale		15. STREET AND NUMBER 2857 NE 32nd St.	
16. FATHER—NAME FIRST MIDDLE LAST Edward Roth		17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Rose Stern	
18. INFORMANT—NAME (If not at Place of Death) Armin L. Roth		19. MAILING ADDRESS STREET OR R.F.D. NO. 334 Santa Clara NW, Canton, Ohio 44709	
20. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal		21. CEMETERY OR CREMATORY NAME Northlawn Cemetery	
22. FUNERAL DIRECTOR—Signature J. R. Arthur		23. FUNERAL HOME ADDRESS 190 Arthurs, 1351 NE 48th St., Pompano Beach, Fla.	
24. To be Completed by CERTIFYING OFFICER: DATE SIGNED (Mo., Day, Yr.) 20b. HOUR OF DEATH 20c.		25. To be Completed by MEDICAL EXAMINER: DATE SIGNED (Mo., Day, Yr.) 21b. HOUR OF DEATH 21c.	
26. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (If not at place of death) 26d.		27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (If not at place of death) 27d.	
28. REGISTRAR 28a. Signature Betty P. Lethbridge - Sub Reg		29. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 29b. Jan. 25, 1984	