

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County Carondelet St. Louis  
Township Carondelet  
City Koch (No. ....) St. .... Ward

Registration District No. 1128  
Primary Registration District No. 6248 B

File No. 28452  
Registered No. 285

**2. FULL NAME** Wesley Roscoe

(a) Residence, No. 2714 a K 15th St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred x yrs. 3 mos. 18 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 19 1908

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, .... hrs. or .... min.  
20 | 5 | 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Shoe Factory  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Peter Oliver Roscoe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mae Stark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT Koch Hospital records  
(Address) Koch, Missouri

15. Aug. 26 1928 L. C. Obroy, M. D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 25, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1928 to Aug. 25, 1928 that I last saw him alive on August 25, 1928 and that death occurred, on the date stated above, at 8:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis

237  
215  
About 31 (duration) yr. yrs. 6 mos. .... da.  
CONTRIBUTORY (SECONDARY) Undermined Gastro-Intestinal Tuberculosis (duration) yrs. 4 mos. .... da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: Unknown

DID AN OPERATION PRECEDE DEATH: No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS: Ray & Sputum  
(Signed) G. L. Gallant, M. D.

8/26/28 (Address) Koch Hospital

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL

St. Peters Cem. | Aug 28 1928  
20. UNDERTAKER | ADDRESS  
Beiderwieden Ltd | 1928 St. Louis and

I. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

CP 27 1928

②

Handwritten text, possibly a signature or date, including a vertical line and some illegible characters.

Handwritten text, possibly a signature or name, including a large 'C' and other illegible characters.