

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

Do not use this space.

31753

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 11003
 City St. Louis (No. 7607 Virginia Ave.) St. _____ Ward _____

File No. _____
 Registered No. 8998

2. FULL NAME

Rose Roach
 (a) Residence, No. 7607 Virginia Ave., St. 1 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22-1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 11 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

Missouri

PARENTS
 10. NAME OF FATHER Patrick Roach
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 12. MAIDEN NAME OF MOTHER Margaret Courtney
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT James Roach
 (Address) 403 Doughoughetta st
 15. FILED SEP - 7 1928 Max C. Stank REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 1928
 17. I HEREBY CERTIFY That I attended deceased from Aug 6, 1928, to Sept 6, 1928, that I last saw him alive on Aug 5, 1928, and that death occurred, on the date stated above, at 6:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
121
950
 (duration) 10 yrs. mos. ds.
 CONTRIBUTORY Ch. Interstitial Nephritis
 (SECONDARY) (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? (IF NOT AT PLACE OF DEATH) _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cholesterol findings
 (Signed) Alvan J. Marshall M.D.
 (Address) 7605 Michigan

*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 Int. Olive DATE OF BURIAL 9/8 1928
 20. UNDERTAKER Southern ADDRESS 7315 S. Broadway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

