

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

Do not use this space.

18102

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... St. Louis, Mo. (No. 3520 Chippewa Street) Ward)

2. FULL NAME John Francis Roach

(a) Residence, No. 5053 Alaska St., 15 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 39 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Weber Roach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 27, 1893</u>		
7. AGE <u>39</u>	YEARS <u>3</u>	MONTHS <u>27</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Warehouse Manager</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Floor Covering 139</u>
	10. Date deceased last worked at this occupation (month and year) <u>May 16, 1932</u>
	11. Total time (years) spent in this occupation <u>14</u>

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)

13. NAME Patrick Roach

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Anna Schoen

16. BIRTHPLACE (CITY OR TOWN) Freeburg, Illinois
(STATE OR COUNTRY)

17. INFORMANT Mrs. M. Cody
(ADDRESS) 7209 Latham Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE May 27, 1932

19. UNDERTAKER Feiderwider
(ADDRESS) 1926 So. 2nd St.

20. FILED 11 26 1932
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1932

22. I HEREBY CERTIFY That I attended deceased from May 17, 1932 to May 24, 1932
I last saw him alive on May 24, 1932. Death is said to have occurred on the date stated above, at 11 p. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Right Lung
108
Acute Myocarditis
Date of onset 5/14/32

Other contributory causes of importance:
Acute Myocarditis
Date of onset 5/22/32

Name of operation..... Date of.....
What test confirmed diagnosis Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) M. S. Peltier M. D.
(Address) 3608 S. Grand Blvd.

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.

