

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

Do not use this space.

41653

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1055  
 City St. Louis, Mo. (No. 601 Fassen)..... St.          Ward         

File No.           
 Registered No. 10718

**2. FULL NAME**

Henry Roll  
 (a) Residence, No. 601 Fassen 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 yrs. mos. 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>Helen Roll</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 19, 1892</u>				
7. AGE	YEARS <u>40</u>	MONTHS <u>9</u>	DAYS <u>12</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>Furniture</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Finisher</u>			
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... <u>84</u>			
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis,</u> (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Henry J. Roll</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>        </u> (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Anna Walsh</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>        </u> (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT <u>Helen Roll</u> (ADDRESS) <u>601 Fassen</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>SS. Peter &amp; Paul</u> DATE <u>Dec. 5, 1932</u>				
19. UNDERTAKER <u>Southern</u> (ADDRESS) <u>630 50 Grand</u>				
20. FILED <u>DEC -3 1932</u> <u>W. E. Tiner</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1932 to Dec 1 1932  
 I last saw him alive on Dec 1 1932 Death is said to have occurred on the date stated above, at 8:50 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Mitral Regurgitation  
131  
92A  
131  
 Other contributory causes of importance:  
Chronic interstitial nephritis  
1  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) W. E. Tiner....., M. D.  
 (Address) 25406 Jefferson

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.

to  
J. J. [unclear]  
[unclear]

1911  
2811