

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

Do not use this space.

11473

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. 1458, Tamm Ave)

File No. ....  
 Registered No. 2547  
 St. .... Ward)

**2. FULL NAME**

John Roles  
 (a) Residence No. 1458 Tamm Ave St. 4 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>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Catharine Roles</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 22, 1860</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>3</u>
	DAYS <u>20</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Police Officer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>	
	10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Arthur Pahl (ADDRESS) 1458 Tamm Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calmery Cem DATE 3-17 19 33

19. UNDERTAKER Wiegand's Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED Apr 10 1933 W. C. Porter Registrar.

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14 19 33

22. I HEREBY CERTIFY, That I attended deceased from 1/14 1933, to 3/14 1933

I last saw h. l. m. alive on 3/14 1933 Death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis  
131  
42 A  
92 A  
131  
 Other contributory causes of importance:  
Chronic Mitral Regurgitation  
Chronic Myocarditis  
Chronic Bronchitis

Date of onset  
7

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? Y

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. C. Porter M. D.  
 (Address) 5715 Southwest Ave

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.

MARGIN RESERVED FOR BINDING

V.S. NO. 2

5732 *Swamp*  
Southwest