

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

Do not use this space.

38036

JAN 8 - 1934

PLACE OF DEATH

County Registration District No. **797**
 Township Primary Registration District No. **10003**
 City **St. Louis, Mo** (No. **420**, **Wilmington**)

File No.
 Registered No. **9779**
 St. Ward)

2. FULL NAME **Charles C. Royse**
 (a) Residence, No. **419 Wilcox** 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 **Male** | **4. COLOR OR RACE** **White** | **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jessie Royse**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 17, 1880**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 | **1** | **22**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Scale equipment**
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) **Indiana**

13. NAME **Wm B. Royse**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

15. MAIDEN NAME **Ellen Walsh**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

17. INFORMANT (ADDRESS) **Jessie Royse 419 Wilcox**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial** DATE **Nov. 11, 1933**

19. UNDERTAKER (ADDRESS) **Southern 6322 Grand Blvd.**

20. FILED 19 **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 8, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 4th, 1933 to Nov. 8th, 1933**
 I last saw him alive on **Nov. 8th, 1933** Death is said to have occurred on the date stated above, at **12 noon**
 The principal cause of death and related causes of importance were as follows:

mitral incompetency Date of onset **92**
99
 Other contributory causes of importance: **Atherosclerosis**

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) **J. W. Smith**, M. D.
 (Address) **420 Wilmington St.**

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

Dr J. W. Jones
420 W. Main

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