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.

AUG 11 1934

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

Do not use this space. 27075

791

1003

7309

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 4609A, Easton Ave. St. ..... Ward)

2. FULL NAME Cleophas De Roche

(a) Residence, No. 4609a Easton Ave. St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Work DeRoche

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13th, 1849

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoeworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Vermont

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 (ADDRESS) E. Walter DeRoche 4609a Easton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE July 24th 1934

19. UNDERTAKER (ADDRESS) Drehmann Hanal 1905 Union Blvd.

20. FILED JUL 21 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 22, 1934 to July 22nd, 1934

I last saw him alive on July 21st, 1934. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Arterio Sclerosis

97

Other contributory causes of importance:

Senile Marasmus

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? Co-mentioned 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) [signature], M. D.

(Address) 4607 Easton Av

4607 Easton
9-10
3-4