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.

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

Do not use this space.

18023

MAY 27 1936

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123
Township — Primary Registration District No. 6245B
City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

File No.
Registered No. 139

2. FULL NAME James G. ROES
(a) Residence, No. 117 West Ripa Ave., St., Ward. St. Louis County, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Un yrs. kn mos. OWn ds. How long in U. S., if of foreign birth? Un yrs. kn mos. OWn 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 Mrs. Deliah Roes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 28, 1877

7. AGE: Years 58 | Months 6 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. V.A.Fac., Jeff.Brks., Mo.
10. Date deceased last worked at this occupation (month and year) Feb. 4, 1933
11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Italy

FATHER
13. NAME Unavailable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

MOTHER
15. MAIDEN NAME Unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable

17. INFORMANT M. Schulley Clinical Clerk
(ADDRESS) Vet.Adm.Facility, Jeff.Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE April 9, 1936

19. UNDERTAKER C. Hoffmeister Undr. Co.
(ADDRESS) 7814 So. Broadway

20. FILED Apr 6, 1936 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1935, to April 4, 1936
I last saw h. im alive on April 4, 1936. Death is said to have occurred on the date stated above, at 3:55 a.m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with hypertrophy and dilatation, congestive type of cardiac failure	Unk.
Arteriosclerosis	Unkn.
Other contributory causes of importance: Gangrene of left foot, secondary to acute thrombo phlebitis	Unkn.

Name of operation None Date of
What test confirmed diagnosis? Clinical manifestations, x-ray and laboratory findings 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?
If so, specify

(Signed) C. W. Hughes, M. D.
(Address) Vet. Adm. Facility, Jeff. Brks., Mo.