

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

Do not use this space.

JUN 28 1937

1. PLACE OF DEATH

County St Charles
Township _____
City St Charles (No. 728) Clayton Home of Aged

Registration District No. 757
Primary Registration District No. 3036

File No. 21156
Registered No. 77
St. _____ Ward _____

2. FULL NAME

Charles Roy
(a) Residence, No. St Charles Mo St. _____ Ward. Steelville Mo
(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 Dont know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
	<u>88</u>	<u>7</u>	<u>2</u>	

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

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

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) Belgium

13. NAME Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Sisters of Home of Aged (ADDRESS) 723 Clayton St St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peters Cemetery DATE May 25 1937

19. UNDERTAKER H. C. Bellmeyer & Sons Inc (ADDRESS) St Charles Mo

20. FILED 777 19 37 Clarence P. Hessel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1937

22. I HEREBY CERTIFY, That I attended deceased from May 13 1937, to May 22 1937

I last saw him alive on May 22 1937 Death is said to have occurred on the date stated above, at 11:15 P .m.

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

<u>Essential Hypertension</u>	Date of onset
<u>and Coronary Disease</u>	<u>?</u>
<u>Generalized Arteriosclerosis</u>	<u>?</u>
<u>Senile dementia</u>	<u>1 yr.</u>
Other contributory causes of importance: <u>Acute Cardiac failure</u>	<u>1 wk.</u>

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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) R. O. Hayden M. D.
(Address) St. Charles, Mo.

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.

