

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37652
Do not use this space.

1. PLACE OF DEATH

(a) County / Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 9979
(c) City St. Louis / (d) Street No. City Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Spencer Roe

(a) Residence, No. 3137 Allen Ave. St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Roe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1, 1849
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
89 2 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Brighton
(STATE OR COUNTRY) England

13. NAME Devine

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

15. MAIDEN NAME Spencer

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

17. INFORMANT Charles A Roe
(ADDRESS) 3137 Allen Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE 1119 38

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc
(ADDRESS) 4700 Washington Blvd.

20. FILED NOV 19 1938
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 11:20 A.M.

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

Fracture of Pelvis & Suprapubic
The following history was
taken 3137 Allen Ave
Nov. 8, 1938: About 4:45
A.M.

Other contributory causes of importance:

Arterial clonus

Name of operation Date of
What test confirmed diagnosis? 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 Nov. 8, 1938
Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury See above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Alfred J. Perry, M.D.
(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *4704 Wash Blvd*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.