MAR 6 1939 REC'D APR 7 1939

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

Do not use this space.

1. PLACE OF DEATH

96

County St. Louis — Registration District No. 784 — File No. 12392

Township Carondelet — Primary Registration District No. 200 — Registered No. 399

City ..... (No. Station Hospital, Jefferson Barracks, Mo. St. ..... Ward)

2. FULL NAME 530 May Roundy.

(a) Residence, No. 3228 A. Nebr. Ave. St. Louis St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 64 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 George D. Roundy.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 12, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ownhome.
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

FATHER

13. NAME ------ Burke 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 9

MOTHER

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

17. INFORMANT George H. Roundy, (Son)
(ADDRESS) 3228 A Nebr Ave. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NATIONAL CEM DATE 3-6- 1939

19. UNDERTAKER C. HOFFMEISTER U & L CO.
(ADDRESS) 7814 Broadway St. Louis, Mo.

20. FILED ..... 19 ..... T. R. Meyer M.D.D.P.M. Registrar.
MAR 6 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1939, to March 3, 1939
I last saw her alive on March 3, 1939. Death is said to have occurred on the date stated above, at 5:45A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Myocardosis, with conjestive heart failure, cause undetermined.	
93 d.²	

Other contributory causes of importance:
1. Arteriosclerosis, moderately severe, generalized, cause undetermined. 2. Pneumonia, hypostatic. 3. Senility.

Name of operation none Date of —

What test confirmed diagnosis? clinical 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 No.

(Signed) W. C. Corson W. C. Corson Capt Med-Res. M. D.
707 (Address) Station Hospital, Jefferson Bks, 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.