

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

16847
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **4381**
 (c) City St. Louis (d) Street No. 5067 Durant Ave. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Reverend William V. Roche *63 1/2*

(a) Residence, No. 5067 Durant Ave. St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Priest
 9. Industry or business in which work was done, as saw mill, bank, etc. Catholic
 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) St. Louis Missouri

FATHER 13. NAME Ambrose J. Roche
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

MOTHER 15. MAIDEN NAME Mary E. Hennessy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

17. INFORMANT Mrs. F. Senior Pickles
 (ADDRESS) 5839 Pershing Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 13 1939

19. FUNERAL DIRECTOR Thos J Finnan
 (ADDRESS) 1519 S. Grand Bl

20. FILED J. F. Budeck
 (Address) 2745 N. Grand Bl
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 10th, 1939, to May 10, 1939
 I last saw him alive on May 10th, 1939 Death is said to have occurred on the date stated above, at 9 A. m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris
 Date of onset

Other contributory causes of importance:
PH

Name of operation Date of
 What test confirmed diagnosis? Auscultation 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) A. J. Gettinger M. D.
 (Address) 2745 N. Grand Bl

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed *Thomas J. Green*
Licensed Embalmer No. 1197

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.)