o. 2
-10-39
7-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33838

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8535

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6046 McPherson Ave. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 6046 McPherson Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Virginia T. Roach

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow.
6. (b) Name of husband or wife James H. Roach.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 21, (Day) 1859. (Year)

8. AGE: Years 81 Months 2 Days 23 If less than one day hr. min.

9. Birthplace St. Louis. (City, town, or county) 0 (State or foreign country)
10. Usual occupation At Home. 1
11. Industry or business 6

FATHER
12. Name Jerome Bonepart Donnee.
13. Birthplace Illinois. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Rihg.
15. Birthplace Germany. (City, town, or county) (State or foreign country)

16. (a) Informant Edward Whitney Roach.
(b) Address 5376 Northland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) (Date received for registration) OCT 15 1940 (b) J. B. Bilbrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th., year 1940 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from 1926, 19 , to Oct -7, 1940 that I last saw her alive on Oct 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerotic heart disease	8 yr
Due to: Age.	
Due to:	
Other conditions (Include pregnancy within 3 months of death) none	
Major findings: Of operations none	
Of autopsy no	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence none
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
While at work? (e) Means of injury

23. Signature Chas W Miller (M. D. or other)
Address 408 Humboldt Bldg Date signed 10/14/40

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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

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