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.

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

Do not use this space.

FILED DEC 11 1940

1. PLACE OF DEATH
County St. Louis Registration District No. 701
Township Primary Registration District No.
City St. Louis (No. City Hospital St. Ward)

File No. 37057
Registered No. 9330

2. FULL NAME Frances Cal Roy
(a) Residence, No. 4312 Washington St., 19 Ward.
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8, 1865 (X)

7. AGE YEARS 75 MONTHS 0 DAYS 2 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Unknown 9

FATHER
13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 9

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

17. INFORMANT (ADDRESS) Charles Hutchison 4556 Fair Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 12 1940

19. UNDERTAKER (ADDRESS) Stroop & Carroll 4600 Natl Bridge

20. FILED NOV 13 1940 J. F. Buchanan

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from 11-7-, 1940, to 11-10, 1940
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:05 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary heart disease | |

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) H. A. Carley, M. D.
(Address) Bliss Institute St. Louis Mo.

9330

9330

Frank H Stroot
#2265