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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40408

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 10179

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

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 Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2904 Dickson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Sam Roland

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug. (Month) 24 (Day) 1884 (Year)

8. AGE: Years 55 Months 8 Days 20 If less than one day — hr. — min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name Ben. Roland
13. Birthplace Memphis (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Mary Ewing
15. Birthplace Dyersburg (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Virginia Dennis
(b) Address 2904 Dickson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Davis Thomas
(b) Address 2734 Shenandoah

19. (a) DEC 11 1940 (Date received by local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1940 hour 6:05 minute A M.

21. I hereby certify that I attended the deceased from November 25, 1940 to December 6, 1940 that I last saw him alive on December 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic Carcinoma (Neck)	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Wells E A Forde (M. D. or other)
Address 2601 N Whittier Date signed 12/6/40

(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 C. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2820 Victor

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

If this body is not embalmed, fact should be so stated above.