

No. 2
-13-40
-17-39
X25159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13073

State File No.

Registration District No. 791

Primary Registration District No.

Registrar's No. 3503

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 8032 Manchester
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME John W. Roam

3. (b) If veteran, name war no 3. (c) Social Security No. 497-01-8545

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ellen Roam 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March 8, 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business _____

12. Name John Roam

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ellen Roam

(b) Address 8032 Manchester

17. (a) Burial (b) Date thereof 4-24-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) APP 2449H (b) J. W. Budrek
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1941 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Dec 4
1940 to Apr 22, 1941
that I last saw him alive on Apr 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic leucemia Duration 2 1/2 yrs

Due to _____

Due to 770-174

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Lymphatic leucemia

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? _____

While at work? (Specify type of place) (e) Means of injury 0

23. Signature John W. Budrek (M. D. or other) M.D.
Address 2645 Potomac Date signed 4/24/41

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

8079

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.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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