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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23947**

REC'D AUG 28 1941 791

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **6289**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **City Hospital**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **0** (Specify whether
In this community. _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **22**
(d) Street No. **1225 Morrison Ave.** (If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **MARGARET ROACH**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife **James** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **About 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 73 Unknown hr. min.

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

10. Usual occupation **housework**

11. Industry or business _____

12. Name **Patrick Connolly**
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 **Pearl Swehla**
(b) Address **1225 Morrison Ave.,**

17. (a) **Burial** (b) Date thereof: **Aug. 1-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **W.C. Maydell**
(b) Address **1926 Allen Ave.**

19. (a) **JUL 31 1941** (b) **J. P. Brebeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July 30** day
year **1941** hour **5** minute **55 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to **apoplexy**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **83**
Of autopsy **83**

Duration

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) (b) Means of injury _____
23. Signature **Alfred Murray** (M. D. or other) **5**
Address **2424 Barton** Date signed **7/31/41**

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.