

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS RICH. HGTS.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
OST. MARYS. HOSPITAL
(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 MISSOURI (b) County 17
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1224 PARK AV
(If rural, give location) 1
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CATHERINE ROACH
3. (b) If veteran, name war. NO
3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife. THOMAS ROACH
6. (c) Age of husband or wife if alive. 74 years
7. Birth date of deceased. APRIL 12 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 19
If less than one day
hr. min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

12. Name JOHN CASEY

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

14. Maiden name MARY QUINN

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

16. (a) Informant Thomas Roach

(b) Address 1224 Park av

17. (a) BURIAL (b) Date thereof JAN 3 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schmur

(b) Address 312 S. 5th St. St. Louis, Mo.

19. (a) JAN 2 1942 (b) Dr. Wm. H. Hannon, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 31
year 1941 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from 12-28-41 19... to DEC 31 19...
that I last saw her alive on DEC 30 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure and Hypostatic bronchopneumonia
Due to Cardio-vascular renal disease
Due to

Other conditions. (include pregnancy within 3 months of death)

Major findings: Of operations X

Of autopsy Confirmed diagnosis

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(c) Where did injury occur? X (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

23. Signature Dr. Wm. H. Hannon (M. D. or other) M.D.
Address 3720 Washington Date signed 1/2/42

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

096
508

Duration
2
particular

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

701

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 _____

Jose B. Vallm

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Jose B. Vallm*

Licensed Embalmer No. *21014*

P. O. Address *3125 Lafayette Ave.*

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.