

Registration District No. 791

Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 Days
(Specify whether
In this community..... 20 yrs
years, months or days)

3. (a) PRINT FULL NAME Roy Harvey Washburn

3. (b) If veteran, name war None
3. (c) Social Security No. 497-09-4800

4. Sex male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Irene
6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased November 27 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>7</u>	<u>3</u>hr.min.

9. Birthplace Desoto Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W P A

MOTHER FATHER { 12. Name Unknown 0

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 0

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Washburn

(b) Address 1035 Morrison

17. (a) Burial (b) Date thereof July 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De.Soto Missouri

18. (a) Signature of funeral director J. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) JUL 1 1942 (b) J. F. Medsker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1035 Morrison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30,
year 1942 hour 1:20 minute P. M.

21. I hereby certify that I attended the deceased from June 26,
1942 to June 30, 1942
that I last saw him alive on June 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hemiplegia, old.
Syphilis

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy refused

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.....
23. Signature Louis G. Redaff
Address 1515 Lafayette Avenue, (City or town) (State)
St. Louis

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

3

JAN 6 1957

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.....

Chas. Meighers....., Registered Apprentice No. *319*
working under my personal supervision.

Signed..... *Paul A Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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.