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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12693**
Registrar's No. **3286**

10 APR 19 1943 **318**
Registration District No. **1003**

Primary Registration District No. **1003**

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

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

(d) Length of stay: In hospital or institution 7 Days
(Specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1723 O'Fallon St
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Peter Roach

3. (b) If veteran, name war no

3. (c) Social Security No. 488-09-6118

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4,
year 1943 hour 8:40 minute P. M.

21. I hereby certify that I attended the deceased from March
29, 1943, to April 4, 1943
that I last saw him alive on April 4, 1943
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife 49 6. (c) Age of husband or wife if
alive _____ years
(Month) (Day) (Year)

7. Birth date of deceased Nov 23 1891
(Month) (Day) (Year)

Immediate cause of death Phrenia

Due to Nephrosclerosis

Due to Hypertension

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

8. AGE: Years Months Days If less than one day

51 4 11 hr. min.

Major findings: 131 a

Of operations _____

Of autopsy above findings confirmed

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

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

10. Usual occupation Shoe worker

11. Industry or business Brown Shoe Co.

MOTHER FATHER

12. Name James Roach

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

14. Maiden name Theresa Creamer

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

16. (a) Informant Mary Roach wife

(b) Address 1723 O'Fallon St

17. (a) Burial (b) Date thereof 4 9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis ave

19. (a) APR 7 1943 (Date received local registrar) J. J. Madak (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Manner of injury 0

23. Signature How R. Leon (M. D. or other) 4/5/43

Address 1515 Lafayette Avenue Date signed _____

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.....

J. Allen Davis Jr.

Licensed Embalmer No.....

4053

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.