

Registration District No. 383

Primary Registration District No. 5653

1. PLACE OF DEATH:

(a) County Lawrence
 (b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2125 days
(Specify whether years, months or days)
 In this community 2125 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis City
 (c) City or town St. Louis City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3539 Grace Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Richard L. Roll

3. (b) If veteran,

name war Unknown

3. (c) Social Security

No. None

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

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

7. Birth date of deceased Aug 19 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Laundry Worker

11. Industry or business

12. Name Milton O. Roll

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

14. Maiden name Virith E. Bennett

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State Sanatorium, Mt. Vernon,

17. (a) Removal (b) Date thereof Jan 24 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo

18. (a) Signature of funeral director Geo. S. Orr

(b) Address Mount Vernon Mo

19. (a) 1544 (b) Audy Crawford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th
 year 1944 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from March 10 19 38 to Jan 4th 19 44
 that I last saw him alive on Jan 4th 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to 1361

Due to Pulmonary Edema

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy Pul. tub. The. of recum. Pul. edema. The spleen.
 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 _____

23. Signature Y. Fujikawa (M. D. or other) _____
 Address Mo. State Sanatorium Date signed 1/14

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

MOTHER FATHER

RECEIVED

District Health Office No. 6,

District File Number: 144-85

Date Filed: JAN 24 1944

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

G. B. Orr

Licensed Embalmer No. 946

P. O. Address 7th Vermont

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.