

P. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 17 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35140
State File No.

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 127

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution: County Home 15
(d) Length of stay: In hospital or institution One Year
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles 9
(d) Street No. 1028 Olive St. 3
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME JOHN-ROUNDTREE
3. (b) If veteran, name war No
3. (c) Social Security No. 486-14-4432

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 30 year 1944 hour 8 minute P.M.
21. I hereby certify that I attended the deceased from July 31 1944 to Aug 30 1944 that last saw him alive on Aug 30 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella (Ailly) Roundtree
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April 7 1885
(Month) (Day) (Year)

Immediate cause of death: Hemorrhage
Due to Stomach ulcer.
Due to Chronic Peritonitis
Other conditions: (Include pregnancy within 3 months of death) 117a2
Major findings: W.
Of operations:
Of autopsy: as above
PHYSICIAN: Underline the cause to which death should be charged statistically.

8. AGE: Years 58 Months 4 Days 23 If less than one day hr. min.

9. Birthplace St. Charles Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Baker Baking Co.

12. Name John Roundtree, Sr.

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

14. Maiden name Annie
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Roundtree

(b) Address 1028 Olive, St. Charles, Mo.

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: Sep. 3-1944
(Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Cem., St. Charles

18. (a) Signature of funeral director: W.C. Dallymeyer & Son
(b) Address: 801 N. Second, St. Charles, Mo.

19. (a) Date received local registrar: 9/2/1944 (b) Registrar's signature: Ernest E. Paul

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) Means of injury:
23. Signature: A.P. Erich Schindler M.D. or other
Address: St. Charles, Mo. Date signed: Sept 2/44

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

MOTHER FATHER

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 10-13-44

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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo

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.