

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 9 1945 318

Primary Registration District No. 1003

Registrar's No. 4826

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community Since Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5559 Floy Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 11

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH P. ROACH

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie B. (Fesenmeyer)

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Feb. 19, 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1945 hour 1 minute 10 PM M.

21. I hereby certify that I attended the deceased from March 5-46
to May 28, 1945.

that I last saw him alive on 5-28, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 3 Days 9
If less than one day hr. min.

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

10. Usual occupation Machine Hand

11. Industry or business Broderick-Bascomb Roap Co.

MOTHER FATHER { 12. Name James Roach

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

14. Maiden name Not Known

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

16. (a) Informant Mrs. Marie Roach

(b) Address 5559 Floy Avenue

17. (a) Burial (b) Date thereof 5/31/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) MAY 31 1945 J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

Immediate cause of death Bronchitis Pneumonia

Due to Arteriosclerotic heart disease

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN _____

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) no

(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 John St. John Hospital
(Specify type of place) (e) Means of injury

23. Signature John St. John (M. D. or other M. D.)
Address St. John Hospital Date signed 5/28/45

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 Gustav W Dietz
Licensed Embalmer No. 4329
P. O. Address St. Louis, 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.