WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED OCT 25 1945

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

318

31756

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9038

City St. Louis (No. Missouri Baptist Hosp) St. ..... Ward .....

2. FULL NAME Roger Lee Caron

(a) Residence, No. Keysville, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1942

7. AGE: Years 3 | Months 2 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME John Lee Caron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Mildred Louise Dicus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keysville, Mo

17. INFORMANT (ADDRESS) Mrs. Etta Dicus

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keysville, Mo DATE 10-21-45, 19

19. UNDERTAKER (ADDRESS) Alexander & Sons, 6175 Delmar Blvd.

20. FILED OCT 19 1945 J. F. Biedeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18, 1945

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1945, to 10-18, 1945

I last saw ~~him~~ alive on 10-18, 1945. Death is said to have occurred on the date stated above, at 5:52 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	10-14-45
Peritonitis	

Other contributory causes of importance:

General peritonitis	10-16-45

Name of operation Appendectomy Date of 10-18-45

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

.....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John D. Hayward M. D.

(Address) Metropolitan Bldg St. Louis Mo

Embalmed by
Jos. E McCulloh
2462
6170 Delmar