S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42286

State File No.

FILED JAN 11 1946

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 184

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:
R.R. 3, Box 14
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town "Rural" St. Charles Township 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 3, Box 14 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILLIAM ROBERT DEROY

3. (b) If veteran, name war NIL

3. (c) Social Security No. 492-01-9333

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Ora Mae (Crouch) DeRoy

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased April (Month) 12 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
36	7	28	hr. min.

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

10. Usual occupation General Hauling

11. Industry or business

FATHER
12. Name Gordon DeRoy
13. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Agnes Hall
15. Birthplace Jonesburg, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ora Mae DeRoy - Wife
(b) Address R. R. 3, Box 14-St. Charles, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-13-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove-St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co
(b) Address 800 N. 2nd St. Charles, Mo.

19. (a) 12/11/45 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1945 hour 9:15 minute P. M.

21. I hereby certify that I attended the deceased from Held, 19 Inquest Dec 11, 1945
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Jury's verdict

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Marvin Murphy Coroner (M. D. or other)
Address Wentzville Mo Date signed 12-11-45

1663

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-10-46

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.