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2016

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4123

Registration District No. 77

Primary Registration District No. 3069

Registrar's No. 25

1. PLACE OF DEATH:

(a) County St. Louis Co.

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

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

(d) Length of stay: In hospital or institution 56 days (Specify whether
In this community years, months or days) St. Mary's Hospital

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ca

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1905 Forest Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Baby Roach

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex M.O

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. 25 (Month) (Day) 1945 (Year)

8. AGE: Years — Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business None

FATHER
12. Name Roger Roach
13. Birthplace Mascoth, Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ivonne Ross
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Roger Roach
(b) Address 1905 Forest Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/45 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20 St.

19. (a) 1-31-46 (Date received local registrar) (b) E. D. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 29 year 1946 hour 6:45 minute 9 M.

21. I hereby certify that I attended the deceased from Oct. 27, 1945, to Jan 29, 1946 that I last saw him alive on Jan 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Acute enteritis & cytopoenia purpura

Due to 1196?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature J. Wistar White (M. D. or other) M.D.

Address 4500 Olive Date signed 1/29/46

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1946

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 me, Registered Apprentice No. , working under my personal supervision.

Signed A. G. Smithers

Licensed Embalmer No. 3916

P. O. Address 2626 a Union Bl

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.