

S. No. 2  
M-5-43  
5-17-39  
I X36671

**FILED** SEP 30 1946  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8180**

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:  
**1111 N. Park Place**  
(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)

3. (a) PRINT FULL NAME **Edward A. Roe**

3. (b) If veteran, name war **Spanish-American** 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 **Mary Roe** 6. (c) Age of husband or wife if alive **74** years

7. Birth date of deceased **September 1, 1869**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**77** **0** **20** hr. min.

9. Birthplace **Douglas County, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired - Conductor**  
**Street Railways**

11. Industry or business **Unknown**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Mary Roe**

(b) Address **1111 N. Park Place**

17. (a) **Burial** (b) Date thereof **Sep. 24, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz**

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **SEP 23 1946** (b) **J. F. Bruseck**  
(Date received local registrar) (Registrar's signature)

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. **1111 N. Park Place**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **21st**  
year **19 46** hour **12:01** minute **P.** M.

21. I hereby certify that I attended the deceased from **July**  
..... 19**46**, to **Sept 21**..... 19**46**

that I last saw him alive on **September 20**..... 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**  
**heart disease** Duration **?**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature **H. H. Jeller** (M. D. or other) **M.D.**  
Address **2807 N. Grand** Date signed **9-23-46**

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

30377

2809 N. Grand  
J 22 6417.

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**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..... *Ralph E. Linders*.....

Licensed Embalmer No..... *4275*.....

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.**