No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

3023

State File No. 780

FILED FEB 9 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3809 Olive Street
(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 Mo. (b) County 0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3809 Olive St. 9
(If rural, give location)
(e) Citizen of foreign country? 19 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Frank Roy
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced M, 1
6. (b) Name of husband or wife Blanche Roy
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Aug. 30th., 1894 (Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 24 If less than one day hr. 1 min.

9. Birthplace Manchester (City, town, or county) New Hampshire (State or foreign country)
10. Usual occupation Owner
11. Industry or business Office Equiptment
12. Name Unknown
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Mrs. Blanche Roy 1
(b) Address 3809 Olive St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) JAN 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MOTHER FATHER

Can legal 4 C State
Jan 21 1949

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th., year 1948 hour 9 minute 35 p. M.

21. I hereby certify that I attended the deceased from December 26 1947, to January 24, 1948; that I last saw him alive on January 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	2 days
Due to Chronic interstitial nephritis	6 mos.
Due to Hypertension	1 year
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0

23. Signature [signature] (M. Day other)
Address 508 N. Grand Blvd. Date signed 1/26/48.

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1948
S-3023

508 N. Grand Blvd.

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 302354 8
Local Registrar's No. 780

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth / death
for Frank J. Roy, died / born 1. 24, 1948, in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Frank J. Roy
Instead of " "

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Blanche Roy. Inf
Relationship.

3809 Olive St.
Present Address.

Subscribed and sworn to before me this 11 day of Oct., 1948

My Commission expires 3-4-49 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667