

FILED JUL 6 1948

Registration District No. 1487

Primary Registration District No. 3069

Registrar's No.

1488

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Richmond Heights
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Frank J. Roe

3. (b) If veteran, name war None 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 Hetty Roe 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased July 17 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Unk Unk
(City, town, or county) (State or foreign country)10. Usual occupation Watchman11. Industry or business Majestic Range Co.12. Name Unk Unk13. Birthplace Unk Unk
(City, town, or county) (State or foreign country)14. Maiden name Unk Unk15. Birthplace Unk Unk
(City, town, or county) (State or foreign country)16. (a) Informant Hetty Roe(b) Address 5143 Wabada Ave.17. (a) Removal (b) Date thereof 6/15/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Richwoods, Missouri18. (a) Signature of funeral director Joe J. Quinn(b) Address 1389 Union Blvd.19. (a) 6-24-48 (b) Paula Shapiro
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5143 Wabada Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/12/48 day _____
year 9 hour _____ minute _____ P. M.21. I hereby certify that I attended the deceased from 6/8/48
_____, 1948, to 6/12/48, 19____;
that I last saw him alive on 6/12/48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism
Myocardial thrombosis
 Due to _____
 Due to 123°

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: gangrene of
 Of operations most of small bowel
 Of autopsy shave
 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 Warren J. Martin (M. D. or other) _____
 Address 607-12th Street Date signed 6/13/48

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.....

Licensed Embalmer No. *4057*

P. O. Address..... *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.