

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10913

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 5063 Registrar's No. 579

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

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If rural, give location) 619 Bermuda	
3. NAME OF DECEASED (Type or Print) a. (First) DAN		c. (Last) ROACH	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) Mar. 9, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-18-70
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Ret. Police Off.	11. BIRTHPLACE (State or foreign country) Hannibal, Mo.
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Martin Roach	
13b. MOTHER'S MAIDEN NAME Winifred Ryan		14. NAME OF HUSBAND OR WIFE Eva	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME St. Louis County Hospital Records		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Cerebral Vascular Accident.	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) 1. Hypertensive Cardiovascular Disease	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 321 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Mar. 4, 1949 , to Mar 9, 1949 that I last saw the deceased alive on Mar. 9, 1949 , and that death occurred at 3:30p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Edmond L. Thirl		23b. ADDRESS St. Louis County Hospital	
23c. DATE SIGNED 3/9/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Mar. 12, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE 3840 Lindell Blvd.	
DATE REC'D BY LOCAL REG. 3-10-49		REGISTRAR'S SIGNATURE Shirley J. ...	

Licensed Embalmer's Statement on Reverse Side

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Thomas R. Ferris

Licensed Embalmer No. 3793

P. O. Address 3840 Lind

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.