

FILED NOV 3 1950

STANDARD CERTIFICATE OF DEATH

35269

State File No. 8985

318

1003

Registrar's No.

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2129	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5097 Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Rupert b. (Middle) Giles c. (Last) Roe			4. DATE OF DEATH (Month) (Day) (Year) 10-20-50			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married	8. DATE OF BIRTH May?, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R. Eng.		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Dyersburg, Tenn.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Robert Allan Roe		13b. MOTHER'S MAIDEN NAME Mary Henderson		14. NAME OF HUSBAND OR WIFE nil--	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Albert T. Anders, Jackson, Tenn.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Reaction of Prostate Gland		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Benign Prostatic Hypertrophy DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Lower nephro-nephrosis		8 days	

19a. DATE OF OPERATION 10-12-50	19b. MAJOR FINDINGS OF OPERATION Benign Prostatic Hypertrophy		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 6/0X	

22. I hereby certify that I attended the deceased from 10-5, 1950, to 10-20, 1950, that I last saw the deceased alive on 10-20, 1950, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE FR Bradley MD		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 10/20/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 10-22-1950	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Jackson, Tennessee	

DATE REC'D BY LOCAL REG. Oct 23 1950	REGISTRAR'S SIGNATURE J. B. Hunter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5868

NOV 14 1956

NOV 8 1956

NOV 10 1956

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*K. W. Pinkley*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3657*

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.