

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1950

State File No. **42757**
Registrar's No. **16296**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <u>City of St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>City of St. Louis</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2039</u>		d. STREET ADDRESS (If rural, give location) <u>326936 1/2 VIEW AVE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI PACIFIC HOSP. ASSOC.</u>					
3. NAME OF DECEASED a. (First) <u>FRANCIS</u> (Type or Print) <u>FRANK</u>			b. (Middle) <u>DECATUR</u>	c. (Last) <u>Roche</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 3 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 9, 1887</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work or kind of service if retired) <u>BRAKE MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (State or foreign country) <u>Pulaski Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James S Roche</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Atherton</u>		14. NAME OF HUSBAND OR WIFE <u>Freda Pace Roche</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Byron Roche 724 Glenway Dr.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate & metastases</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>
			ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary edema.</u>		<u>48 hours</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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? <u>177X</u>		
22. I hereby certify that I attended the deceased from <u>August</u> , 1950, to <u>Dec 3</u> , 1950, that I last saw the deceased alive on <u>Dec 2</u> , 1950, and that death occurred at <u>3:20 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Clifford Hawk King, M.D.</u>			23b. ADDRESS <u>6057 N. Grand St. Louis MO</u>	23c. DATE SIGNED <u>Dec 3, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>		
DATE RECD BY LOCAL REG. <u>DEC 4 1950</u>		REGISTRAR'S SIGNATURE <u>J.P. Kistner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Son 75 Delmar</u>	

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

Jos. E. McCulluk

Licensed Embalmer No. *2460*

P. O. Address

6175 Delmas

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.