

RECORDED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43287

318

1003

Registrar's No. 11460

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. 43287			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY 2119	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 36 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 4125 West Belle Place, Apt. 126			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4125 West Belle Pl.				d. STREET ADDRESS (If rural, give location) 4125 West Belle Place, Apt. 126					
3. NAME OF DECEASED (Type or Print) Susie			a. (First)		b. (Middle) Roach		c. (Last)		
4. DATE OF DEATH 12-22-51			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Unknown 1886		9. AGE (In years last birthday) Apt. 65		
5. SEX Female		6. COLOR OR RACE Negro		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Nashville, Tennessee	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Sam Bright		13b. MOTHER'S MAIDEN NAME Arv Unknown		14. NAME OF HUSBAND OR WIFE Jasper Scott Roach			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Anna Lee Scott, 4125 West Belle Apt 126					
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Vasomotor Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ITEM 14 CORRECTED BY AFFIDAVIT OF Funeral Director 6-24-59 JES						20. AUTOPSY? YES <input 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) m.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X							
22. I hereby certify that I attended the deceased from 11/18, 1957, to 12-22, 1957, that I last saw the deceased alive on 12-22, 1957, and that death occurred at 11 P. m., from the causes and on the date stated above.									
23a. SIGNATURE W.C. Bridget				23b. ADDRESS 941a N. Sarah Street				23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-51		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. DEC 26 1951		REGISTRAR'S SIGNATURE Earl Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Avenue			

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

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 _____

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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 Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 43297-51

State of Missouri }
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 11460

On this 19th day of May, 1959, before me appears

Charles J. Gates, who, upon his oath, states that the original record of birth for Susie Roach died Dec. 22, 1951 in the State of Missouri, and which was filed at Jefferson City, Missouri on _____, 19____, should be corrected as follows:

Item No. 14 should read Jasper Roach

Instead of Jasper Scott

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 _____

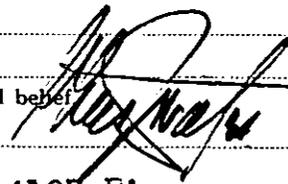
Item No. _____ should read _____

Instead of _____

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

(SEAL)

Affiant



Funeral Director
Relationship.

4107 Finney

Present Address.

Subscribed and sworn to before me this 19th day of May, 1959

My Commission expires September 21, 1960



Notary Public.

3. A surname is changed by court order or by adoption or legitimation procedures.