

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29966**
Registrar's No. **7960**

3. No. 300
v. 10.48

FILED SEP 3-1952

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

1. PLACE OF DEATH a. COUNTY 1		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before institution) a. STATE MISSOURI b. COUNTY 2073	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5919 FERRIS AVE		d. STREET ADDRESS (If rural, give location) 7 5919 FERRIS AVE	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) G.		c. (Last) ROCHE		4. DATE OF DEATH (Month) (Day) (Year) AUG, 20, 1952	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 11/21/1893	
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LETTER CARRIER		10b. KIND OF BUSINESS OR INDUSTRY POSTAL DIV.		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN M. ROCHE		13b. MOTHER'S MAIDEN NAME MARY A. MOORE		14. NAME OF HUSBAND OR WIFE MARGARET ROCHE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WORLD WAR # 1 NONE		17. INFORMANT'S SIGNATURE OR NAME MARGARET ROCHE		ADDRESS 5919 FERRIS AVE	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis & occlusion.				INTERVAL BETWEEN ONSET AND DEATH 30 min.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) None		DUE TO (c) None			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None					

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Missouri			
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? none		4201	

22. I hereby certify that I attended the deceased from **12.4, 1948**, to **August 20, 1952**, that I last saw the deceased alive on **Aug. 20, 1952**, and that death occurred at **3 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edward P. Reel MD		(Degree or title)		23b. ADDRESS 462 No. Taylor St. Louis		23c. DATE SIGNED 8-22-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/23/52		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. AUG 22 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE STROOT - GARROLL		ADDRESS 4600 NAT'L BRID	

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

(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 Albert Mayfield

Licensed Embalmer No. 3077

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.