

STANDARD CERTIFICATE OF DEATH

State File No. 7888

FILED MAR 11 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1743

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. at City Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2059	
d. STREET ADDRESS 5531 Maple Ave., 0		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) Bernard c. (Last) Roan.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Sept. 23, 1905
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor at University Cuty Park	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME James Roan	
13b. MOTHER'S MAIDEN NAME Amelia Loumann		14. NAME OF HUSBAND OR WIFE	
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. 492-36-6100	
17. INFORMANT'S SIGNATURE OR NAME Rosemary Roan		ADDRESS 6512 Bartmer Ave.	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon Monoxide Poisoning</u> ANTECEDENT CAUSES <u>suffered when deceased was awoken by smoke and later burned in fire in rooming house</u> DUE TO <u>5531 Maple Ave. about 301 am</u> Feb 11, 1953 of undetermined origin. 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>accident</u>	
20. AUTO? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Feb 11 53 3 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>F9160</u>		22. I hereby certify that I attended the deceased from <u>3:00 A.M.</u> 19 <u>53</u> , that I last saw the deceased alive on <u>3:00 A.M.</u> 19 <u>53</u> , and that death occurred at <u>3:00 A.M.</u> 19 <u>53</u> , from the causes and on the date stated above. <u>10</u>	
23a. SIGNATURE <u>Patricia Taylor</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>2-14-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.,</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>	
25. ADDRESS <u>1125 Hodiamont Ave.,</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 14 1953</u> <u>J. Earl Smith, M.D.</u>	

S.P. (Licensed Embalmer's Statement on Reverse Side)

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

(No Embalming.)

Signed _____

Joe W. Clark

Licensed Embalmer No. *1661*

P. O. Address *1125 Hodiemoni*

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.