

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12864

State File No. _____

No. 300
10-48

XC 122 39 r80

REG# 108386

BIRTHD. FILED MAR 21 1953

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 695

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

1. PLACE OF DEATH a. COUNTY <u>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>JEFFERSON BARRACKS, MO.</u>		c. LENGTH OF STAY (In this place) <u>22 DAYS</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>425 W. San Francisco</u>	
3. NAME OF DECEASED a. (First) <u>Louis</u> (Type or Print)		b. (Middle) <u>J.</u>	
c. (Last) <u>ROACH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-53</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-1-93</u>
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Administrative</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ADMINISTRATIVE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MEMPHIS, TENNESSEE</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>EDWARD ROACH</u>	
13b. MOTHER'S MAIDEN NAME <u>FANNIE ECKSHAW</u>		14. NAME OF HUSBAND OR WIFE <u>CECILIA ROACH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW I</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF BRKS, MO.</u>		ADDRESS _____	
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 RECTUM</u> ANTECEDENT CAUSES Morbid 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. 19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____
19c. INTERVAL BETWEEN ONSET AND DEATH _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____	
22. I hereby certify that I attended the deceased from <u>2-7, 1953</u> , to <u>3-1, 1953</u> , and that death occurred at <u>6:48 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Milton H. Lincoff</u> (Print name) (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>VET ADM HOSP., JEFF BRKS, MO.</u>	
23c. DATE SIGNED <u>3-1-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullinane Bros.</u>	
DATE REC'D BY LOCAL REG. <u>3-2-53</u>		ADDRESS <u>3320 N Kingshighway</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 _____

Fred Frick

Licensed Embalmer No. 3186

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.