

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10804

State File No. ....

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 707

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Co.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Manchester</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Caseyville</b>	
c. LENGTH OF STAY (In this place) <b>5 yr.</b>		d. STREET ADDRESS (If rural, give location) <b>8120 8</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine Crest Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) <b>B. EVA.</b>	a. (First) <b>Blanche</b>	b. (Middle) <b>Roy</b>	c. (Last)	4. DATE OF DEATH <b>March 18 1954</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Feb. 7, 1877</b>	9. AGE (In years) <b>77</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b>11</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Roy</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Ong</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs John Meher</b>	ADDRESS <b>Belleville Ill</b>
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19. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute cardiac dilatation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>2 yrs.</b> <b>1 yr.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b>		
	DUE TO (c) <b>Kidney ailment</b>		
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 <b>4222</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-18-**, 19**79**, to **March 19, 1954**, that I last saw the deceased alive on **Feb. 18, 1954**, and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. H. Shesie, M.D.</b>	23b. ADDRESS <b>Kirkwood 22, Mo.</b>	23c. DATE SIGNED <b>3-19-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>March 19</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>E. St. Louis, Illinois</b>
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DATE REC'D BY LOCAL REG. <b>3/19/54</b>	REGISTRAR'S SIGNATURE <b>Heather R. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. ...</b>	ADDRESS <b>E. St. Louis, Ill</b>
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WRITE PLAINLY—USING UNFAADING 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.....

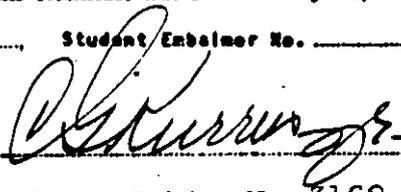
..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....



Licensed Embalmer No. 3162.....

P. O. Address E. St. Louis, Illinois

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.