

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16359

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u>		c. CITY OR TOWN <u>Saint Charles</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>18 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>318 Bayard Ave. 09230</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>318 Bayard Ave.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>	b. (Middle) <u>B.</u>	c. (Last) <u>DeRoy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 24, 1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ivesdale, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Daniel Dunn</u>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>Oscar H. DeRoy</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Oscar H. DeRoy</u>	ADDRESS <u>Saint Charles, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Unknown</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from January, 1950, to May 25, 1955, that I last saw the deceased alive on May 25, 1955, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Don Z. Randall, M.D.</u>	23b. ADDRESS <u>207 N. 5th St. Charles, Mo.</u>	23c. DATE SIGNED <u>May 26, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 28, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Borromeo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAY 26 1955</u>	REGISTRAR'S SIGNATURE <u>Zannie Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.C. Dallen</u>	ADDRESS <u>St. Charles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 16 1953

**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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No.....  
P. O. Address.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**