

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18534**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4043**

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

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 town) St. Louis Mo.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Altenheim		e. STREET ADDRESS (If rural, give location) 5408 South Broadway	
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) JOHN c. (Last) ROACH		4. DATE OF DEATH (Month) (Day) (Year) 4-23-1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never	8. DATE OF BIRTH 9-25-1870
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) YARDMASTER T.R.R.A. Retired	11. BIRTHPLACE (City and State or Foreign Country) Buffalo, N.Y.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME St. Louis Altenheim ADDRESS 5408 S Broadway
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH 1938	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) CORONARY ARTERY DISEASE 2-45	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) ARTERIOSCLEROSIS GENERALIZED 1936	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. ARTHRITIS - SEVERE - GOUTY TYPE 1936	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.1		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) m.	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 JULY 7, 1939 , to APRIL 23, 1956 , that I last saw the deceased alive on APRIL 23, 1956 , and that death occurred at 8:15A m., from the causes and on the date stated above.			
23a. SIGNATURE (Typed or typed) Amel L. Brown M.D.		23b. ADDRESS 2838 S. GRAND BLVD	23c. DATE SIGNED 4/23/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 4/25/56	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. APR 24 1956	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edward Fendler 5611 South Grand Blvd.	

2483 (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.....
Signature of Student Embalmer

Signed..... *Bert E. Hoffman*

Licensed Embalmer No. *436*

P. O. Address *A. B. B...*

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.