

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21622**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **168**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY OR TOWN <b>St. Charles</b>	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) <b>1 day</b>		e. STREET ADDRESS (If rural, give location) <b>818 Oak Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>William Thomas Roach</b>		a. (First) <b>William</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Roach</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 19, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 20, 1892</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>29</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Mt. Pleasant, Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>John F. Roach</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Springfield</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Adams Roach</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>407-20-6935</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nellie Roach, 4500a Cleveland St, Louis</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs?</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Laenneis Cerebralis</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____		DUE TO (c) _____	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Terminal pneumonia</b>		<b>5 days</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 April 1, 1956, to June 19, 1956, that I last saw the deceased alive on June 19, 1956, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>George E. Kister</b>		(Degree or title) <b>M. D.</b>		23b. ADDRESS <b>200 Clay Street</b>		23c. DATE SIGNED <b>6/20/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 20, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Webster County, Kentucky</b>	

DATE REC'D BY LOCAL REG. <b>June 20 1956</b>		REGISTRAR'S SIGNATURE <b>Francine Hamilton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ambruster Mortuary, 6633 Clayton Rd.,</b>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10. 48

SEP 4 1956

JUN 28 1956

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.....  
*Fred J. Harner*

Licensed Embalmer No. 4788

P. O. Address.....  
*A. J. Javis*

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.