

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15563**

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1042**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY OR TOWN Richmond Heights	
c. LENGTH OF STAY (in this place) D.O.A.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		e. STREET ADDRESS (If rural, give location) 7518 Ethel Ave.	

3. NAME OF DECEASED a. (First) MICHAEL b. (Middle) R. c. (Last) ROACH			4. DATE OF DEATH (Month) (Day) (Year) April 48 1957		
5. SEX <input type="radio"/> Male <input checked="" type="radio"/> Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Caterer		8. DATE OF BIRTH March 7, 1909	
11. BIRTHPLACE (City and State or Foreign Country) Maryville, Illinois		9. AGE (In years last birthday) 48		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Roach		13b. MOTHER'S MAIDEN NAME Lenora Phelps		14. NAME OF HUSBAND OR WIFE Stella E. Burgdorf	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 189-07-8707		17. INFORMANT'S SIGNATURE OR NAME Stella E. Roach	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown natural causes			INTERVAL BETWEEN ONSET AND DEATH see
		ANTECEDENT CAUSES Morbidity 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		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) 7954	
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?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Donke Herbert R. Donke, M.D., Local Registrar		23b. ADDRESS 651 S. Brentwood Blvd.		23c. DATE SIGNED 4/23/57	
--	--	---	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-21-57		24c. NAME OF CEMETERY OR CREMATORY Fairland		24d. LOCATION (City, town, or county) (State) Maryville Illinois	
---	--	-----------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 4-19-57		REGISTRAR'S SIGNATURE Herbert R. Donke		25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...		ADDRESS Collinsville, Ill.	
--	--	--	--	--	--	--------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

3

YURI GA

SA

ADD

Pro. m. l. l. o. k.

form. 113.

11-12-02

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 *Herbert A. Kasich* Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Herbert A. Kasich*.....

Licensed Embalmer No. *6890*.....

P. O. Address *Collinsville, Ill.*

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.