

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1957

State File No. **26502**  
Registrar's No. **6847**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes  No

c. LENGTH OF STAY (In this place) **1 1/2** yrs.

e. STREET ADDRESS (If rural, give location) **4125 W. Belle**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hosp.**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Jasper** b. (Middle) \_\_\_\_\_ c. (Last) **Roach**

4. DATE OF DEATH (Month) (Day) (Year) **7-18-1957**

5. SEX **male** 6. COLOR OR RACE **col.**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Sep.**

8. DATE OF BIRTH **May 12 1897** 9. AGE (In years last birthday) **60**

10. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) **Laborer**

10b. KIND OF BUSINESS OR INDUSTRY **Unemployed**

11. BIRTH PLACE (City and State or Foreign Country) **Tenn.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Jasper**

13b. FATHER'S MOTHER NAME **Susie ?**

14. NAME OF HUSBAND OR WIFE **unk.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_ (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS **Mari Salon 4125 West Belle**

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Pneumonia**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) **493x**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Arteriosclerotic Heart Disease**

INTERVAL BETWEEN ONSET AND DEATH  
**10 days**  
  
**11 yrs.**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

19c. AUTOPSY? YES  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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **6-4-46**, 19\_\_\_\_, to **7-18-57**, 19\_\_\_\_, that I last saw the deceased alive on **7-18-57**, 19\_\_\_\_, and that death occurred at **12:20pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Jasper W. Beckham, M.D.**

23b. ADDRESS **5800 Arsenal St.**

23c. DATE SIGNED **7/18/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) \_\_\_\_\_

24b. DATE **7-24-57**

24c. NAME OF CEMETERY OR CREMATORY **Calvary**

24d. LOCATION (City, town, or county) (State) **St. Louis Mo**

DATE REC'D BY LOCAL REG. **III 22 57**

REGISTRAR'S SIGNATURE **Earl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS **A. H. Burke 3506 Franklin**

WRITE PLAINLY—USING UNFADING 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.....  
Signature of Student Embalmer

Signed *Leroy H Bannister*.....

Licensed Embalmer No. *452*.....

P. O. Address *2616 Law*.....

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.