

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038157

STATE FILE NUMBER

10288

FILED NOV 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
1-57

Dead to Quorum

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 5106 Christy, Ave.	
3. NAME OF DECEASED (Type or print) First Terrence Middle Leo Last Roach		4. DATE OF DEATH Month Oct. Day 25, Year 1958			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 18, 1872	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) / Jersey County, Illinois.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Terrence H. Roach		13b. MOTHER'S MAIDEN NAME Mary Lahey	
14. NAME OF HUSBAND OR WIFE Nil.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO.	
17. INFORMANT Ione Meyer, 5106 Christy, Ave.		Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O.R. <i>Small vessel Pulmonary embolism</i> Conditions, if any, which gave rise to (b) <i>Deep vein thrombosis of right leg</i> DUE TO (b) <i>Septic thrombophlebitis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Fracture intertrochanteric right hip</i>					INTERVAL BETWEEN ONSET AND DEATH <i>15 min</i> <i>1 day</i>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Fall off of chair at Nursing home</i>	
20c. TIME OF INJURY Hour <i>6 a.m.</i> Month, Day, Year <i>10 10 58</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>15 about home</i>	
20f. CITY, TOWN, OR LOCATION <i>Jerseyville</i>		COUNTY <i>Ill</i>		STATE	
21. I attended the deceased from Death occurred at <i>Jan 1953</i> to <i>10/21/58</i> and last saw him alive on <i>10/25/58</i> <i>4:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Edwene W. Czernuski M.D.</i>		22b. ADDRESS <i>3701 Prandel Ln</i>	
22c. DATE SIGNED <i>10/27/58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>10-28-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Local</i>		23d. LOCATION (City, town, or county) <i>Jerseyville, Illinois.</i>		(State)	
24. FUNERAL DIRECTOR <i>Albert H. Hoppe</i>		ADDRESS <i>4700 Washington, Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 27 '58</i>	
26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>					

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 *Eleonore H. Penelun*

Licensed Embalmer No. *4283*
P. O. Address *St. Louis*

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.