

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042156

STATE FILE NUMBER

11122

FILED DEC 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
1-57

| | | | | | |
|---|---------------------------|---|--|---|---|
| 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 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN ST. LOUIS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ANTHONY HOSP | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) 5029 Queens | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First THOMAS Middle J. Last R OACH | | | 4. DATE OF DEATH Month NOV. 17, 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 Dec. 2, 1898 | | 9. AGE (In years last birthday) 59 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PASSENGER AG ENT | | 10b. KIND OF BUSINESS OR INDUSTRY RAILROAD | 11. BIRTHPLACE (City and state or county) ST. LOUIS, MO. 0 | | 12. CITIZEN OF WHAT COUNTRY? U S A |
| 13a. FATHER'S NAME JAMES ROACH | | 13b. MOTHER'S MARDEN NAME DELTA CLARK | | 14. NAME OF HUSBAND OR WIFE | |
| 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. | | 17. INFORMANT Address BERNARD ROACH 5029 QUEENS | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) <u>260X</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>yes.</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input 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.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE |
| 21. I attended the deceased from <u>1954</u> , to <u>1958</u> and last saw ^{him} alive on <u>11-16-58</u> Death occurred at <u>6:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>John J. Orshy MD</u> (Degree or title) | | 22b. ADDRESS <u>5203 Chippewa</u> | | 22c. DATE SIGNED <u>11-17-58</u> | |
| 23a. BURIAL CREMATION REMOVAL (Specify) BURIAL | 23b. DATE NOV. 20 1958 | 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY | | 23d. LOCATION (City, town, or county) (State) ST. LOUIS MO | |
| 24. FUNERAL DIRECTOR STROOT CARROLL 4600 NATURAL BR. | | 25. DATE RECD. BY LOCAL REG. NOV 19 1958 | | 26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> mrb | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Handwritten notes and scribbles at the top left of the page, including the number '5703' and other illegible markings.

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 M. W. Rueter

Licensed Embalmer No. 4865
P. O. Address St Louis Mo

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.