MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32371

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1522 No Vandeventer Ave St. ..... Ward)

File No. 9466

Registered No. .....

2. FULL NAME Laura Roach

(a) Residence. No. 1522 No Vandeventer Ave St. 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

9/20/29

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED. HUSBAND OF (OR) WIFE OF Wm. Roach

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	82	1	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Alabama

PARENTS

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Don't know

14. INFORMANT Mrs Roy Tabler
(Address) 1522 No Vandeventer

15. FILED SEP 22 1929 Max C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1929 to Sept 22, 1929 that I last saw her alive on Sept 22, 1929 and that death occurred, on the date stated above, at 12.05 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131
107A Bronchopneumonia
130 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Acute Nephritis
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 129a
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) N. A. Schumacher M. D
, 19 (Address) 6815 S W Florissant

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Peters Cemetery	9-24 1929
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5966 Easton ave

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