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

Do not use this space.

791

25206

File No. 66332

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 4257 W. Evans Ave St. Ward)

Registration District No. 1003

Primary Registration District No.

2. FULL NAME William C. Roe

(a) Residence, No. 4257 W. Evans 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hattie Roe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8-1881

7. AGE: Years 52. Months 1. Days 21. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Wm. H. Roe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Mary Rice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT: Mrs J.S. Rabe
(ADDRESS) 4257 W. Evans

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Aug 2 1933

19. UNDERTAKER: C. R. Lupton & Sons
(ADDRESS) 4449 Olive St

20. FILED JUL 31 1933 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 29-, 1933.

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1932, to July 29, 1933
I last saw h. alive on July 29, 1933. Death is said to have occurred on the date stated above, at 4:40 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	15 m.
Primary seat Liver	
Other contributory causes of importance:	
Carcinoma Stomach	6 m.

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Geo B Kroeger M. D.
(Address) 3472 Geraldine Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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3442 Geraldine.
Rv #2054.

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