

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

Do not use this space.

JAN 24 1938

46518

1. PLACE OF DEATH

County *St. Charles*

Registration District No. *757*

Township *St. Charles*

Primary Registration District No. *3036*

City *St. Charles* (No. *2500 N. Benton Ave*)

File No. \_\_\_\_\_  
Registered No. *79*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Edmund Albert Douglas De Roy*

(a) Residence, No. *St. Charles Ave* St. \_\_\_\_\_ Ward \_\_\_\_\_

(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*) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Julia Ann Jose*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 10<sup>th</sup> 1873*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*64 8 22*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Day Labourer*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *3*  
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) *St. Charles County*

FATHER 13. NAME *Peter De Roy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dont know*

MOTHER 15. MAIDEN NAME *Dont know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dont know*

17. INFORMANT (ADDRESS) *Clifton De Roy*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Courained Cem* DATE *Dec 6<sup>th</sup> 1937*

19. UNDERTAKER (ADDRESS) *H. G. Dalmeyer & Sons Co St. Charles, Mo.*

20. FILED *75* 19 *37* *Clarence G. Neuber* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-2-37*, 19 *37*

22. I HEREBY CERTIFY, That I attended deceased from *Held Inquest on Dec. 2nd 1937*, 19 *37*

I last saw him alive on \_\_\_\_\_, 19 \_\_\_\_ Death is said to have occurred on the date stated above, at *8 P. m.*

The principal cause of death and related causes of importance were as follows:

*Coronary Thrombosis.*

Other contributory causes of importance: *AB*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *NO*

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? *NO*  
If so, specify \_\_\_\_\_

(Signed) *John H. Busch* 4  
Coroner St. Charles, Co. Mo. *H.H.H.*

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.

