

REC'D JUN 9 1938

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

16471
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City (d) Street No. 791
1003
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 50 yrs. mos. ds.

2. PRINT FULL NAME

Paul M. Roman, 5-50
(a) Residence, No. 4222 Gano Ave. St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Anna Roman,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 13

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist.
9. Industry or business in which work was done, as 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) Austria

FATHER
13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria.

MOTHER
15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Mrs. Anna Roman,
4222 Gano Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. A. Stock Und. Co.
2117 E. Grand Blvd.

20. FILED MAY 11 1938 J. F. Bredich
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938 to May 7, 1938
I last saw him alive on May 7, 1938. Death is said to have occurred on the date stated above, at 1.15 P.M.
The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of Lung (right)
Other contributory causes of importance: Terminal Bronchopneumonia
Date of onset: ?

Name of operation Biopsy Date of 20
What test confirmed diagnosis? Biopsy 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) W. A. Stock, M. D.
(Address) 601 Union Bldg

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.

Dr. Lee Harrison
Jeff 6088

STATEMENT BY LICENSED EMBALMER

I, William A. Stock, Licensed Embalmer No. 3588

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed William A. Stock
Licensed Embalmer No.

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.)