

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

16186
Do not use this space.

RECD MAY 11 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Cornudaslet Primary Registration District No. 905
(c) City North, 299a (d) Street No. Robert Koch Hospital Registered No. 789
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

240 David J. Roche
(a) Residence, No. 3661A Folsom Av. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 177 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 0

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 10 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 0 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Journal Investigator
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER
13. NAME John Roche

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newmarket Ireland

MOTHER
15. MAIDEN NAME Ellen Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newmarket Ireland

17. INFORMANT (ADDRESS) Robert Koch Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE MAY 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schurr 3125 Lafayette Ave.

20. FILED MAY - 1 1939 N.R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1939

22. I HEREBY CERTIFY, That I attended deceased from June 28 1939, to April 29 1939
I last saw him alive on April 29 1939. Death is said to have occurred on the date stated above, at 9:10 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tbc. Date of onset 1906
23
Other contributory causes of importance: Tbc Meningitis?? 4-14-39

Name of operation spont Date of spont
What test confirmed diagnosis? X-Ray 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) H. Ray Fulmer M. D.
(Address) Koch Hospital

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Jose B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address.....

3125 Lafayette Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.