No. 2
4-13-40
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FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27376

Registration District No. 791 1 | Primary Registration District No. 1003 | Registrar's No. 7272

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4266 Russell Blvd. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4266 Russell
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John G. Roney 570

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Della

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. (Month) 25 (Day) 1863 (Year)

8. AGE: Years 76 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name James Roney
13. Birthplace Bowling Green (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Della Capps
15. Birthplace Dillard (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Della Roney
(b) Address 4266 Russell

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-28-40 (Month) (Day) (Year)

(c) Place: burial or cremation Stone Hill, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) AUG 28 1940 (Date received for record) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27 year 1940 hour minute 3 A. M.

21. I hereby certify that I attended the deceased from June 15, 1940 to Aug 27, 1940 that I last saw him alive on Aug 26 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr Bronchitis f	3 mos
Due to 106	
Due to Arteria Sclerosis	4 years
Other conditions Prostatitis	6 mos
(Include pregnancy within 3 months of death) Cystitis	6 mos

Major findings: non venereal, non-tubercular non catarrhal

Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Otto T. Walser (M. D. or other)

Address 2904 Park Ave Date signed 8/28/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2971

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.