

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **17014**
4532
Registrar's No. _____

791

1003

Registration District No. _____ Primary Registration District No. _____

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:
4021 Westminster Pl.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 22 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4021 Westminster Pl.
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Malisa De Roques

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife Milliard 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 11th., 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 17
 If less than one day _____ hr. _____ min.

9. Birthplace Hillsboro Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unk. Burke

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unk. Kidd

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward De Roques

(b) Address 1208 N. Kingshighway Blvd.

17. (a) Burial (b) Date thereof 5-31-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation House Springs, Mo.

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.

19. (a) MAY 29 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th.,
 year 1941 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from May 14, 1941
 to May 28, 1941
 that I last saw h. alive on May 28, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Art. Syst. Heart Disease
Coronary Heart Failure

Due to _____
 Due to _____
 Other conditions Gastro Enteritis
(Exclude pregnancy within 3 months of death)

Major findings:
 Of operations [Signature]
 Of autopsy [Signature]

Duration _____
 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? _____

While at work? _____ (Specify type of place)
 (Specify means of injury)
 23. Signature Robert J. Farrell (M. D. or other) [Signature]
 Address 624 N. Union Date signed 5/29/41

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

Dr. Robt J. Farrell
624 N. Union Blvd.
1 pm.

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 *Stanley Marshall*
Licensed Embalmer No. *2868*
P. O. Address *3840 Lindell*

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