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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20176**  
Registrar's No. **4988**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution **2407 Coleman St.**  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

3. (a) PRINT FULLNAME **Lillie C. Roche**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **John P. Roche** 6. (c) Age of husband or wife if alive **28** **1866**

7. Birth date of deceased: **December 28 1866**

8. AGE: Years **74** Months **5** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: **St. Louis Missouri**

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **William Gleason**

13. Birthplace **County Cork Ireland**

14. Maiden name **Mary Ray**

15. Birthplace **County Cork Ireland**

16. (a) Informant **Ms. Vera Bauer**

(b) Address **2407 Coleman St.**

17. (a) **Burial** (b) Date thereof **6 - 18 - 41**

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**

(b) Address **1710 N. Grand Blvd.**

19. (a) **JUN 17 1941** (b) **J. J. Brueck**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(d) Street No. **2407 Coleman St.**  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16** year **1941** hour **3** minute **15** A.M.

21. I hereby certify that I attended the deceased from **APRIL 1, 1941**, to **JUNE 16, 1941**; that I last saw him alive on **JUNE 16, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **ACUTE LOBAR PNEUMONIA RT SIDE** Duration **4 days**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **108**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**

Of autopsy **None**

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Francis J. ...** (M. D. or other) **MD**

Address **4714 N. 7th St** Date signed **6/16/41**

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

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**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.....

.....  
working under my personal supervision.

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

Signed.....

*Fred Truck*

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.