

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29461
Registrar's No. 1813

FILED SEP 8 1941

Registration District No. 104

Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Marion 999
(c) City or town Alma 11
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1941 hour 3 minute A M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Frank Roller
3. (b) If veteran, name war World War 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 12 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 6 19 hr. min.

9. Birthplace Chicago / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Sebastian Roller
13. Birthplace C. Slovakia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Vlasity
15. Birthplace C. Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Roller
(b) Address Chicago, Ill.

17. (a) Removal (b) Date thereof 9/2/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Ill.

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

19. (a) SEP - 3 1941 (b) C. H. McCarroll
(Date received local registrar) (Registrar's signature)

Immediate cause of death While riding as a passenger in an auto that col- lided head-on with another auto. Duration
Due to Fracture of ribs multiple bilateral with bronchial pneu- monia bilateral; plural af- fusion, left and hemothorax
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Yes 17 DC
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) Accident
(b) Date of occurrence August 20, 1941 / 76
(c) Where did injury occur? Near Flora, Illinois
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Louis H. Bopp (M. Coroner?)
Address Kirkwood, Mo. Date signed 9/2/40

SEP 10 1941

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

J. M. Binkley

Licensed Embalmer No.

3657

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.