No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37093

State File No.

DEC 22 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9323

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 418a Filmore
(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 Missouri (b) County

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

(d) Street No. 418a Filmore
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John F. Roach

3. (b) If veteran, name war None

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 Clara Roach

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased February 12, 1871
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 21 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name James F. Roach
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Foley
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Roach
(b) Address 418a Filmore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-41
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME
(b) Address 8322 S. Grand Blvd.

19. (a) NOV 24 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 23rd year 1941 hour 6 a.m. minute — M.

21. I hereby certify that I attended the deceased from May 18th 1940 to Nov. 23th 1941, that I last saw him alive on Nov. 22th 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus — Duration 1½ yrs. 5 days

Due to —

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
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 J. W. Pruett (M. D. or other) M.D.

Address 42 Wilmington Date signed 11-24-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. Barnett
420 Wilmington
9 to 10
2 to 3

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo

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

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