

FILED MAR 17 1942

Registration District No. 731

Primary Registration District No. 1003

Registrar's No.

1157

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:  
St. John Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 Days  
(Specify whether  
In this community 13 Days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 10 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4242 Desoto Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Roche

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 Single

6. (b) Name of husband or wife.....  
None alive..... years

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

7. Birth date of deceased Jan 23rd, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
XXX XXX 13 hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name James Roche

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

14. Maiden name Melba Seitz

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

16. (a) Informant James Roche

(b) Address 4242 Desoto Ave

17. (a) Burial (b) Date thereof 2/6/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral home Hennigan & Sheahan Und Co

(b) Address FEB 6 1942 4415 Washington Blvd.

19. (a) 1942 (b) J. F. Budock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5th.  
year 1942 hour 3:50 PM minute..... M.

21. I hereby certify that I attended the deceased from  
Jan 23 1942 to Feb 5 1942  
that I last saw him alive on Feb 5 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Prematurity  
7 mo gestation  
Due to Malnutrition  
Due to.....

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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)  
(e) Means of injury.....

23. Signature [Signature] (M. D. or other) MA  
Address 4176 Phren Date signed 2/6/42

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

*Dr. Carl H. Lindeman*  
*St. John's Hosp*

99068

**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.....

*No Embalming*

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.