V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35843

State File No. 9839

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community 33 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis, 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1905 Division
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Hezekiah Roslay
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 2
5. Color or race C
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife JOHANNA H. ROSLEY
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Mar (Month) 7 (Day) 1877 (Year)
8. AGE: Years 65 Months 8 Days 14 If less than one day hr. min.
9. Birthplace Woodruff (City, town, or county) Ark. (State or foreign country)
10. Usual occupation UNEMPLOYED
11. Industry or business 9
MOTHER FATHER
12. Name UNKNOWN UNKNOWN
13. Birthplace UNK 9 (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN UNKNOWN
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Johanna Rosley
(b) Address 1905 Division St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11 25 42 (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD CEM.
18. (a) Signature of funeral director A. F. Walton
(b) Address 2702 Stoddard St
19. (a) NOV 25 1942 (Date received local registrar) (b) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21, year 1942 hour 9 minute 45 P. M.
21. I hereby certify that I attended the deceased from November 17, 1942, to November 21, 1942, that I last saw him alive on November 21, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Prostatitis	Unk.
Senility	Unk.
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 A. K. Fleet (M. D. ~~or other~~)
Address 2601 N. Vandeventer Date signed 11/25/42

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Holliard

Licensed Embalmer No. 4221

P. O. Address 2649 a Delmar Bl

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.