S. No. 2
—5-42
5-17-39
1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4706

Registration District No. 818 Primary Registration District No. 10 Registrar's No. 1248

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: 5839 Pershing Ave. 1
(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 12 5

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5839 Pershing Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Elizabeth Roche

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Ambrose J. Roche

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

7. Birth date of deceased Nov. 14. 1856 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	2	22	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Patrick J. Hennessy
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine O'Brien
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mr. F. Senior Pickles

(b) Address 5839 Pershing Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [signature]

(b) Address 2117 E. Grand Blvd.

19. (a) FEB 8 1943 (Date received local registrar) (b) J. F. Budech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1943 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1/15/28, 19 to 2/6/43, 19; that I last saw her alive on 2/5/43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death
1 Pneumonia hypostatic
2 Arteriosclerotic heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 2 weeks ago

Major findings of operations [illegible]

Of autopsy [illegible]

Duration: 3 days; 15 yrs

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) Contributing only

(b) Date of occurrence 12/4/42

(c) Where did injury occur? St. Louis (City or town) (County) (State) 000

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) [signature]

Address Humboldt Bldg Date signed 2/6/43.

(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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 F Street

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.