

FILED APR 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2890

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:
CHILDRENS 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..... (Specify whether
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. 2747 EADS AV.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME ROY, Marian Frances Roy

3. (b) If veteran, name war... No

3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced... CHILD

6. (b) Name of husband or wife.....

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

7. Birth date of deceased OCTOBER 20 1937
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>5</u>	<u>5</u>	<u>5</u> hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business.....

12. Name SYRIL ROY

13. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABELL STICK

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

16. (a) Informant Mrs SYRIL ROY

(b) Address 2747 Eads av

17. (a) BURIAL (b) Date thereof MARCH 27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. OLIVE CEM.

18. (a) Signature of funeral director E. J. Semur

(b) Address 3125 LAFAYETTE AV.

19. (a) MAR 20 1943 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25
year 1943 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from 3-24
1943, to 3-25 1943;

that I last saw him alive on 3-25 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Meningococcus septicemia

Duration 18 hrs.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Not done

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) (f) Means of injury.....

23. Signature L. L. Barnett (M. D. or other).....
Address 500 S. Kingshighway Date signed.....

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

MOTHER-FATHER

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.....

Joseph B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address.....

H. Joubert

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.