

AUG 23 1943
Registration District No. 208

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution:
913 North 9th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. 913 North 9th Street
(If rural, give location)

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

3. (a) PRINT FULL NAME John Roe

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color Color 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Roe 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

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

About 79

9. Birthplace Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Henry Roe

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

14. Maiden name Marjorie

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

16. (a) Informant Helen Alice Roe

(b) Address 913 A North 9th Street

17. (a) Burial (b) Date thereof August 18 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beal Und Co.

(b) Address Lucas Avee.

19. (a) AUG 23 1943 (b) J. J. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1943 hour 12:00 minute P. M.

21. I hereby certify that I attended the deceased from June 1st 1943 to Aug 13th 1943
that I last saw him alive on Aug 13th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis

Due to chr myocarditis

Due to _____

Other conditions 9/3
(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 Greenwood (M.D. or other)

Address 823 N. 16th St Date signed 8/17/43

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

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. Hilliard

Licensed Embalmer No.

4219 E. Harpel

P. O. Address

4221

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.