

S. No. 2
M-5-43
7. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED DEC 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42878

State File No. _____
Registrar's No. **10438**

Registration District No. **318** Primary Registration District No. **1003**

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:
St. Anthony's 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State _____ (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **629 Dover Place**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary E. Roach**
(b) If veteran, name war **None**
3. (c) Social Security No. **None**
4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **4th**
year **1946** hour **5** minute **30** M.
21. I hereby certify that I attended the deceased from **Aug 20**
_____, 19**46** to **Dec 4**, 19**46**
that I last saw her alive on **Dec 3**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **uremia**
Duration **6 weeks**

8. AGE: Years **About 69** Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Retired 5 yrs. Secretary**
11. Industry or business _____
12. Name **John Roach**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary O'Keefe**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

Due to **Chr. nephritis** **Several years**
Due to _____
Other conditions **Fracture left hip**
(Include pregnancy within 3 months of death)
Major findings of operation _____
Of autopsy _____

16. (a) Informant **Miss Fannie Roach**
(b) Address **629 Dover Place**
17. (a) Burial (b) Date thereof **12-7-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Olive Cemetery**
Southern Funeral Home
18. (a) Signature of funeral director **J. J. Budeck**
(b) Address **6322 S. Grand Blvd.**
19. (a) **DEC 6 1946** (b) **J. J. Budeck**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence **Aug 20 - 1946**
(c) Where did injury occur? **In Paris, Ill.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
While at work? **no** (Specify type of place) (e) Means of injury **fall**
23. Signature **Arden J. M. Goussier** (M. D. or other) **M.D.**
Address **7606 Michigan** Date signed **12/5/46**

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
41687

DR. MCNAMEE
7606 MICHIGAN
HO 9507

ROASH

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..... *J. Wm. Burklej*

Licensed Embalmer No. *3653*

P. O. Address..... *St Louis, Mo*

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.