S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42879

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10657

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: Barnes Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Marion

(c) City or town Alma R.R.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME William McKendri Roadman

3. (b) If veteran, name war XXXXXXXX

3. (c) Social Security No. 347-07-9026

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Oct. 23 1888
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	1	17	hr. min.

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

10. Usual occupation

11. Industry or business WxSxxxRoadmanx

MOTHER FATHER

12. Name W. S. Roadman

13. Birthplace not nknown (City, town, or county) (State or foreign country)

14. Maiden name Lucinda Gibbons

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Eula Roadman

(b) Address Alma, Ill.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 12-12-46 (Month) (Day) (Year)

(c) Place: burial or cremation ~~Burial~~ Alma, Ill

18. (a) Signature of funeral director B. F. Linton

(b) Address Kinmundy, Ill.

19. (a) DEC 12 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 year 1946 hour 10 minute 10 a.m.

21. I hereby certify that I attended the deceased from Sept. 27, 1946 to Dec. 10, 1946 that I last saw him alive on December 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia — Duration

Due to Carcinoma of the penis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

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 H R Bradley (M. D. ~~or other~~)

Address Barnes Hospital, Date signed 12-10-46

(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 J. Dorm

Licensed Embalmer No. 2245

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.