

FILED AUG 30 1947

State File No. _____

Registration District No. 310

Primary Registration District No. 6051

Registrar's No. 142

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town "Rural" St. Charles Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Charles County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1819 W. Randolph
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

George E. DeRoy

3. (b) If veteran,

name war NIL

3. (c) Social Security

No. _____

4. Sex

Male

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

February

2

1873

8. AGE:

Years

74

Months

6

Days

14

If less than one day

hr. _____ min.

9. Birthplace

St. Charles

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Retired

11. Industry or business

MOTHER

FATHER

12. Name Joseph DeRoy

13. Birthplace

St. Charles

(City, town, or county)

Missouri

(State or foreign country)

14. Maiden name

Mary Fitzgerald

15. Birthplace

Ireland

(City, town, or county)

Ireland

(State or foreign country)

16. (a) Informant

Julius A. DeRoy

(b) Address

318 N. 4th St. Charles, Mo.

17. (a) burial

(Burial, cremation, or removal)

(b) Date thereof

Aug 19-1947

(c) Place: burial or cremation

St. Charles Borromeo Cen

St. Charles, Mo.

18. (a) Signature of funeral director

H. B. Dallmeyer + Son

(b) Address

800 N. 2nd St. Charles, Mo.

19. (a) Aug 26-47

(Date received local registrar)

Francis Hamilton

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1947 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from
Aug 15, 1947 to Aug 16, 1947
that I last saw him alive on Aug 16, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Armed

Duration

2 days

Due to

Tuberculosis

Due to

Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings

Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature

Joe [Signature]

(M. D. or other)

Address

[Signature]

Date signed 8-18-47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 29 1947

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.....

Herbert C. Dallmeyer....., Registered Apprentice No. *729*
working under my personal supervision.

Signed *Joseph I. Landolt*
Licensed Embalmer No. *4189*
P. O. Address *St Charles*

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.