S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 28 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40118
Registrar's No. 10630

Registration District No. 318 Primary Registration District No. 1003

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

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: Jewish 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:
(a) State Missouri (b) County 71
(c) City or town Barnett 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME THOMAS ARTHUR ROE
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maury Roe
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 4-1871 (Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Versailles, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name George Roe
13. Birthplace Versailles, Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Priscilla (Unknown)
15. Birthplace Versailles, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Chester Roe
(b) Address 911a Lynch Street
17. (a) ~~Burial~~ Removal (b) Date thereof 11-21-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Versailles, Mo.
18. (a) Signature of funeral director Maydell Ynd
(b) Address 1926 Allen Avenue
19. (a) NOV 19 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17th year 1947 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct. 27, 1947 to Nov. 17, 1947 that I last saw h alive on Nov. 17, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Anuria following prostatectomy

Due to Transurethral Prostatectomy

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Enlarged Prostate

Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 Otto J. Wilhelmi (M. D. or other) 0
Address Ivy Univ. Club Date signed 11/18/47

Jefferson City Printing Co.

(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.....

.....Me....., Registered Apprentice No.....,

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.