

Primary Registration District No. 1003

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: Missouri Pacific 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)

3. (a) PRINT FULL NAME ROE, THOMAS LEE

3. (b) If veteran, name war No 3. (c) Social Security No. 702-1-3241

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

6. (b) Name of husband or wife Eula Marie 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 9 1875  
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pilot Grove Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith

11. Industry or business Mo. Pac. R.R.

12. Name R. Kelly Roe

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

14. Maiden name Julia Shinn

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

16. (a) Informant Mrs. T. L. Roe

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 6-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) JUN 11 1948 (b) J. F. Bedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80641  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1009 E. 6th  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6, Day 10, Year 1948  
hour 10:35 minute PM

21. I hereby certify that I attended the deceased from 6-8-48 to 6-10-48, 1948

that I last saw him alive on 6-10-48, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 2 hrs.

Due to Intestinal obstruction 3 da.

Due to to to

Other conditions Arteriosclerotic heart disease

Major findings: Arteriosclerotic heart disease PHYSICIAN \_\_\_\_\_

Of autopsy ✓ Aneurysm, bleeding abdominal 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 Marvin T. Kessel (M. D. or other) \_\_\_\_\_  
Address 1755 S. Grand Date signed 6-10-48

JUL 6 1944

5347

**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 *Henry M. Brammer*  
Licensed Embalmer No. *4200*  
P. O. Address *St. Louis*

**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.**