

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

2
-45
-39
47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24656
6360
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Park Lane Hospital
(d) Length of stay: In hospital or institution.
In this community _____

3. (a) PRINT FULL NAME ELLA PEARL ROCHE
3. (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: October 11, 1891

8. AGE: Years 56 Months 9 Days 6
If less than one day hr. min.

9. Birthplace: Chester Illinois

10. Usual occupation: Rooming House Operator

11. Industry or business _____

12. Name Joseph Roche
13. Birthplace Chester Illinois
14. Maiden name Barbara Kastetter
15. Birthplace Chester Illinois

16. (a) Informant Clarence Roche
(b) Address 6407 Lenox Avenue

17. (a) Burial (b) Date thereof July 19, 1948
(c) Place: burial or cremation New Palestine Illinois

18. (a) Signature of funeral director: J. F. Predeck
(b) Address 1167 Hamilton Avenue
JUL 19 1948

19. (a) (Date received local registrar) (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3937 Washington Avenue
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17, 1948
year hour 5:30 minute A.M.

21. I hereby certify that I attended the deceased from _____
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Duration: 2 days

Due to: Hypertension
Due to: _____

Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
Address: 7062 Walton
Date signed: 7-17/48

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.....

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.