

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34613
State File No. 9260

FILED NOV 6 1948

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2711 Sheridian
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2711 Sheridian
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Laura Roach

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sam Roach 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 10 1899
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Troy Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charlie Reynolds

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

14. Maiden name Morris

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

16. (a) Informant Arvilla Raymond

(b) Address 227 So. Jefferson

17. (a) Burial (b) Date thereof Oct 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Wynn F. Homey

(b) Address 215 So. Jefferson

19. (a) OCT 26 1948 (b) J. B. Luster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21st year 1948 hour 30 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 15 to Oct 28 1948
that I last saw her alive on Oct 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration years

Due to _____

Due to 1st

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) (e) Means of injury _____

23. Signature J. Aldrich (M. D. or other) _____

Address 2642 Franklin Ave Date signed 10-25-48

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

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

S. J. Watson

Licensed Embalmer No.

2698

P. O. Address

2769 Chouteau

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.