

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2988

1. PLACE OF DEATH
a. COUNTY MISSOURI ST. LOUIS COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY St. LOUIS
c. CITY (If outside corporate limits, write RURAL and give township) 57 OR TOWN BRENTWOOD
d. STREET ADDRESS (If rural, give location) 8753 LUTZSINGER DR. BRENTWOOD, MO

3. NAME OF DECEASED
a. (First) WILLIAM, J. ROACH
b. (Middle)
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)
DEC. 9, 1950

5. SEX MALE

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH MAY 8, 1899

9. AGE (In years last birthday) 51

UNDER 1 YEAR Months 7 Days 14

UNDER 1 WK. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
MAILER

10b. KIND OF BUSINESS OR INDUSTRY
NEWSPAPER

11. BIRTHPLACE (State or foreign country)
ST. LOUIS, MO

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
WILLIAM, ROACH

13b. MOTHER'S MAIDEN NAME
ANNIE

14. NAME OF HUSBAND OR WIFE
E. MAE ROACH 8753 LUTZSINGER DR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
489-07-6981

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS
RICHARD ROACH, 4705 SACRAMENTO AVE.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) head injury suffered after falling down inside stairs to concrete floor in restaurant.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
9006 7/5

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
restaurant

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Clayton St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
12 9 50

21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
see above 117

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE
Arnold J. Williams
Coroner

23b. ADDRESS
Clayton, Mo.

23c. DATE SIGNED
12/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
DEC. 12, 1950

24c. NAME OF CEMETERY OR CREMATORY
CALVARY CEMETERY.

24d. LOCATION (City, town, or county) (State)
ST. LOUIS, MO

DATE REC'D BY LOCAL REG.
12/11/50

REGISTRAR'S SIGNATURE
Robert P. Donke

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
SULLIVAN FUNERAL DIRECTORS

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robin Burtman

Signed.....
Student Embalmer

Licensed Embalmer No. *3552*

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.