

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26280**  
Registrar's No. **6957**

FILED JUL 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2189**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G Phillips Hospital** d. STREET ADDRESS (If rural, give location) **18 3126 Clark Av.**

3. NAME OF DECEASED a. (First) **John** b. (Middle) \_\_\_\_\_ c. (Last) **Roy** 4. DATE OF DEATH (Month) (Day) (Year) **July 16 1952**

5. SEX **Male 2** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed 2** 8. DATE OF BIRTH **June 3 1907** 9. AGE (In years last birthday) **45** 10. MONTHS **45** 11. HOURS **45** 12. MIN. **45**

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) **unemployed** 10b. KIND OF BUSINESS OR INDUSTRY **Unknown** 11. BIRTHPLACE (State or foreign country) **Unknown 9** 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Winnie Ellis** ADDRESS **319 S. 22nd St.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION** 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Multiple Myeloma** INTERVAL BETWEEN ONSET AND DEATH **Undet.**

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

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.**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **203X**

22. I hereby certify that I attended the deceased from **6-5**, 19**52**, to **7-16**, 19**52**, that I last saw the deceased alive on **7-16**, 19**52**, and that death occurred at **3:45a** m., from the causes and on the date stated above.

22a. SIGNATURE **Edna E. Brooke** (Degree or title) **M. D. D.** 23b. ADDRESS **2601 N Whittier St.** 23c. DATE SIGNED **7-17-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **7/19/52** 24c. NAME OF CEMETERY OR CREMATORY **Oakdale Cemetery** 24d. LOCATION (City, town, or county) (State) **Lemay, Missouri**

DATE REC'D BY LOCAL REG. **JUL 18 1952** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. GENERAL DIRECTOR'S SIGNATURE **E. P. Roone** ADDRESS **1221 N. Grand**

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

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*E. J. Brown*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1721 N. Grand

**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.