

STANDARD CERTIFICATE OF DEATH

43772

State File No.

11065

DEC 24 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) township) 50 yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. 2109

d. STREET ADDRESS (If rural, give location) 4014A Labadie Ave. 0

3. NAME OF DECEASED

(Type or Print)

a. (First)

b. (Middle)

c. (Last)

John

Roche

4. DATE OF DEATH (Month) (Day) (Year)

NOV. 29 1952

5. SEX

Male

6. COLOR OR RACE

White

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

Widowed

8. DATE OF BIRTH

Nov. 12 1877

9. AGE (In years last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

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

Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.

13a. FATHER'S NAME

Thomas J. Roche

13b. MOTHER'S MAIDEN NAME

Mary Bolger

14. NAME OF HUSBAND OR WIFE

Nellie

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

No

16. SOCIAL SECURITY NO.

492-07-0421

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Mrs Bernice Kohler 4014 A Labadie

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbld 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.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND 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?

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 240A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Saturne C Taylor, Coroner

23b. ADDRESS

1300 Clark

23c. DATE SIGNED

12/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Dec. 2 1952

24c. NAME OF CEMETERY OR CREMATORY

Galvany Cemetery

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

St. Louis Mo.

DATE REC'D BY LOCAL REG.

DEC 1 1952

REGISTRAR'S SIGNATURE

J. C. Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

W. H. Marshall 4112 St. Louis Ave

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. *4198*

P. O. Address. *St Louis MO*

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.