

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1957

19216

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4742**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>01 629 Dover Pl.</b>		Length of stay in lb.	STREET ADDRESS <b>299 629 Dover Pl.</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Daniel P. Roach</b>			4. DATE OF DEATH Month Day Year <b>May 17, 1957</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Abt. 79 Years Old</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Optomtrist Courier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Jewelry</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>John Roach</b>			14. MOTHER'S MAIDEN NAME <b>May O'Keefe</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>Unk</b>		17. INFORMANT Address <b>Miss Margaret Roach 629 Dover Pl.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary insufficiency</b> <b>Chr. Hypertensive disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Chr. Hypertensive disease</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>420.1</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> <b>5 years</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY a. m. p. m. Hour Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>5-13</b>		20f. CITY, TOWN, OR LOCATION <b>5-17-57</b>	
		COUNTY		STATE <b>5-13-57</b>	
21. I attended the deceased from <b>May 13</b> to <b>May 17-57</b> and last saw her/him alive on <b>May 13, 1957</b> Death occurred at <b>1:30 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Daniel P. Roach</b> (Name) <b>Owner J. McNamee</b> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>7619 Ivory</b> <b>7619 180th</b>		22c. DATE SIGNED <b>5/15/57</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>5-21-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Semetery</b>	
				23d. LOCATION (City, town, or county) <b>Lemay 23, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Southern Funeral Home</b> <b>6322 S. Grand Blvd., St. Louis, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>MAY 20 1957</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>

DEC 29 1958

DR OWEN MCNAMEE

7619 IVORY

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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 .....  
Signature of Student Embalmer

Signed *David H. [Signature]* .....

Licensed Embalmer No. 42

P. O. Address Si. Lau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.