

FILED MAR 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012581
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 710

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1-57
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| 1. PLACE OF DEATH a. COUNTY St. Louis. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis. | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton, Mo. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Overland 4200 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute County Hospital DOA | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 2702 Endicott Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Pearl Middle Agnes Last Roques | | | 4. DATE OF DEATH Month March Day 8 Year 1958 | | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 11, 1905 | 9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Malden, Mo. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Dow Elder | 13b. MOTHER'S MAIDEN NAME Carrie Hast | 14. NAME OF HUSBAND OR WIFE Henry Roques |
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| 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. UNKNOWN | 17. INFORMANT Henry Roques, 2702 Endicott, Overland, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic Heart Disease | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | 416X |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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.) | 20f. CITY, TOWN, OR LOCATION Overland | COUNTY Overland | STATE Mo. |
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| 21. I attended the deceased from 7/30/55 to Present and last saw her/him alive on 12/18/57 Death occurred at M 11:56 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE William A. Perry M.D. (Degree or title) | 22b. ADDRESS 100 North Euclid | 22c. DATE SIGNED 3/10/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 3-9-58 | 23c. NAME OF CEMETERY OR CREMATORY LOCAL | 23d. LOCATION (City, town, or county) Salem, Missouri. | (State) |
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| 24. FUNERAL DIRECTOR Albert H. Hoppe | ADDRESS 17000 Washington, Blvd. | 25. DATE RECD. BY LOCAL REG. 3-10-58 | 26. REGISTRAR'S SIGNATURE Herbert K. Drenke M.D. |
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE, IF POSSIBLE.

MEDICAL CERTIFICATION

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 *Stanley E. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *S. L.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. --
If this body is not embalmed, fact should be so stated above.