

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021977

STATE FILE NUMBER

Health,
Welfare
Public
Service

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Central Twp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lake Tishomingo Resort		Length of stay in 1b	200 ^d STREET ADDRESS (If outside, give location) 5436 Nagel St.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last John Thomas Roach			4. DATE OF DEATH Month Day Year 6-21-59		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 30, 1937	9. AGE (In years last birthday) 27	10. FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Clerk		10b. KIND OF BUSINESS OR INDUSTRY Commercial Letter	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John F. Roach		13b. MOTHER'S MAIDEN NAME Ann Dieckmann		14. NAME OF HUSBAND OR WIFE None	
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. 487-42-8264		17. INFORMANT Address Mrs. Ann Million, 5436 Nagel, St. Louis	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>DROWNING.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>850X</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Boating Accident.</u>	
20c. TIME OF INJURY 4:30 p.m. 6-21-59			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lake.</u>	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Central Twp Jefferson Mo.</u>	
21. I attended the deceased from <u>Inquest.</u> to _____ and last saw her ^{her} _{him} alive on _____ Death occurred at <u>4:30 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>James E. Pugh, M.D. 3</u>		22b. ADDRESS <u>St. Louis Mo.</u>		22c. DATE SIGNED <u>6/29/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>July 1, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	
				23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	

24. FUNERAL DIRECTOR ADDRESS <u>Southern Funeral Home, St. Louis, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-29-59</u>		26. REGISTRAR'S SIGNATURE <u>Oleta D. ...</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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1-57

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JUL 13 1959

JUL 9 1959

Not Embalmed

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 *[Signature]*

Licensed Embalmer No. *3010*

P. O. Address *7 exta md*

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.