

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022539

STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 135

300
1-57

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles		c. CITY OR TOWN St. Charles	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2527 No 4th St.		d. STREET ADDRESS (If outside, give location) 2305 N. Fifth St.	

3. NAME OF DECEASED (Type or print) First Middle Last Ira Charles DeRoy			4. DATE OF DEATH Month Day Year Jun. 1, 1959		
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5. SEX Male	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 Jun. 1, 1913	9. AGE (In years last birthday) 46	10. FUNDER 1 YEAR Months 0 Days 0	11. 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) riveter	10b. KIND OF BUSINESS OR INDUSTRY A.C.F. Indust.	11. BIRTHPLACE (City and state or country) St. Charles, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Gordon A. DeRoy	13b. MOTHER'S MAIDEN NAME Agnes Hall	14. NAME OF HUSBAND OR WIFE Josephine Barebo
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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. 486-14-5150	17. INFORMANT Address Mrs. Josephine DeRoy, St. Charles, 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) PROBABLE HEART FAILURE (REPORT DR. WM FOLGEMIER - ST. CHARLES) 1954 INTERVAL BETWEEN ONSET AND DEATH TREATED 1956	
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) 7824	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 COUNTY STATE
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marceese Wilson P. Reg 8	22b. ADDRESS St Charles Mo	22c. DATE SIGNED June 6-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 6, 1959	23c. NAME OF CEMETERY OR CREMATORY Cemetery St. Chas. Borromeo	23d. LOCATION (City, town, or county) (State) St. Charles County, Mo.
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24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons, St. Charles	25. DATE RECD. BY LOCAL REG. June 5-59	26. REGISTRAR'S SIGNATURE Thomas Courdon
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 26 1958

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 *Henry C. Rinaldon*
Licensed Embalmer No. *4836*
P. O. Address *St. Charles,*

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.