

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

#63-046551
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3313

FILED DEC 6 1963

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
1 <u>4021</u>		
2 <u>214</u>		
3		
4 <u>0</u>		
5 <u>2</u>		
6		
7 <u>0</u>		
8 <u>2</u>		
9		
10		
11		
12 <u>86-0</u>		
13		
<u>88</u>	INSTEAD OF	DOCUMENT
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis		a. STATE Mo.	b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) DesPeres		c. CITY OR TOWN St. Louis	
Length of stay in 1b 9 Weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chastains Nursing Home		d. STREET ADDRESS (If outside, give location) 4988 Parker Ave.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First JAMES Middle M. Last ROCHE			Month Oct. Day 28 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-20-1890
9. AGE (last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk (Retired) Missouri Pacific R.R. Co.	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Roche		13b. MOTHER'S MAIDEN NAME Ellen Collins	
14. NAME OF HUSBAND OR WIFE Late Barbara Marie Roche			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 332x	
17. INFORMANT John E. Martin 6145 Shillington Dr.		Address	
18. CAUSE OF DEATH (Enter only one cause per line)			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) Cerebral Thrombosis			20 days
DUE TO (b) Cerebral Arteriosclerosis			10 yrs
DUE TO (c) Generalized Arteriosclerosis			20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour a.m. p.m.	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 1/14/63 to Parent time and last saw him alive on 10/28/63 Death occurred at 4:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Francis C. King MD		22b. ADDRESS 4225 Maplehurst Parkwood Mo.	
22c. DATE SIGNED 10/29/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 31, 1963	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. 10-29-63	26. REGISTRAR'S SIGNATURE John E. Martin MD

Dr. Francis King
9929 Manchester Ave. Mo. 1-2414
10-12

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 R W Steward

Licensed Embalmer No. 4607

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.