

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

22793

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1008**  
 City **St. Louis** (No. **3808 W Pine Blvd**) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

**Ferdinand Roussin**  
 (a) Residence, No. \_\_\_\_\_ St. **19** Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 1 1931**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Margaret Roussin**

17. I HEREBY CERTIFY, That I attended deceased from **5/10, 1931** to **6/1, 1931** that I last saw him alive on **May 31, 1931**, and that death occurred, on the date stated above, at **125 P. M.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 7 - 1867**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**63 7 24**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Chronic nephritis**  
**131**  
**162**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Merchant 164**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **General Store**  
 (c) Name of employer \_\_\_\_\_

CONTRIBUTORY **Senile Dementia** (duration) ? yrs. mos. ds.  
 (SECONDARY) **3** (duration) yrs. 3 mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER **John B Roussin**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? **no**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **A. W. Thompson, M. D.**  
**6/2, 1931** (Address) **3108 Leass**

12. MAIDEN NAME OF MOTHER **Delacie Thebeau**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT **Margaret Roussin**  
 (Address) **3808 W Pine Blvd**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cemetery** DATE OF BURIAL **6/4 1931**

15. FILED **IN 1931** REGISTERAR **Arthur J. Donnell**

20. UNDERTAKER **Arthur J. Donnell** ADDRESS **2039 Wash St**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3/15/1914

1-2 1/2