

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

Do not use this space.

17498

**1. PLACE OF DEATH**

County..... Registration District No. 7991  
 Township..... Primary Registration District No. 90153  
 City St. Louis (No. 2909 Texas) St. 24 Ward.....  
 Registered No. 4406 Ward.....

**2. FULL NAME** Adele Roushauzen

(a) Residence, No. 2909 Texas St., 24 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**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
51 2 ----

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Otto Stange

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elise Viemann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Anna Clark (ADDRESS) 4646 Carrie

18. BURIAL, CREMATION, OR REMOVAL - PLACE Old St. Marcus DATE May 6 1932

19. UNDERTAKER Mrs. Schunacker (ADDRESS) 3013 Meramec St.

20. FILED May 25 1932 Wm. C. Hartley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1932

22. I HEREBY CERTIFY That I attended deceased from May 24 1932 to May 3 1932

I last saw her alive on May 3 1932. Death is said to have occurred on the date stated above, at 4:15 pm

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism May 2  
Septic Bacteremia  
Cholelithiasis

Other contributory causes of importance:  
Septic Bacteremia  
Cholelithiasis

Name of operation 7:00 Date of 7:00  
 What test confirmed diagnosis? 7:00 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? 7:00 Date of injury....., 19.....  
 Where did injury occur? 7:00  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify

(Signature) J. W. Downing M. D.  
 (Address) 3315 D Jefferson Ave

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PE...  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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