

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

Do not use this space.

APR 29 1934

**791
1003**

14410

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 2215 Park Ave.) St. Ward)

File No.
Registered No. 3239
St. Ward)

2. FULL NAME James De Rousse

(a) Residence, No. 2215 Park Ave St. 22 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) July 20, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe factory

10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Rosano De Rousse

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

15. MAIDEN NAME Mary Dobbs

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

17. INFORMANT (ADDRESS) Earl De Rousse
2215 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Kaskaskia, Ill. DATE Apr. 9 1934

19. UNDERTAKER (ADDRESS) A. H. M. Laughlin
2301 Lafayette Ave
St. Louis

20. FILED J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1934

22. I HEREBY CERTIFY, That I attended deceased from April 7 - 1934 to April 7 - 1934

I last saw her alive on Apr 7 - 1934. Death is said to have occurred on the date stated above, at 1:10 PM

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

Carcinoma Head of pancreas Date of onset

Verified at operation 5/5/34
Other contributory causes of importance:

Name of operation Abdomino-gastrostomy Date of 5/5/34
What test confirmed diagnosis? Hb Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur? (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 St. Louis M. D.
(Signed) St. Louis
(Address) City Hosp. #1

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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

