MAR 25 1936

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

Do not use this space.

8723

1. PLACE OF DEATH
County St Louis
Township Carondelet
City Webster Groves (No. Webster Groves RR #6 St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 G
File No.
Registered No. 87

2. FULL NAME Lula May Rouse

(a) Residence, No. St., Ward. Webster Groves Mo
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Wm H Rouse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 - 1876

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	1	8	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

FATHER
13. NAME Wm Rhodes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

MOTHER
15. MAIDEN NAME Emma Russell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Wm Rouse
(ADDRESS) Webster Groves Mo RR #6

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fredericktown Mo DATE 2-28 1936

19. UNDERTAKER Albert H Hoffe Inc
(ADDRESS) 429 N Euclid Ave.

20. FILED Feb. 27 1936 G Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1936, to Feb. 26 1936
I last saw her alive on Feb. 26 1936. Death is said to have occurred on the date stated above, at 8:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2-20-36

Other contributory causes of importance:

Pneumonia

Name of operation Date of
What test confirmed diagnosis Clinical 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

(Signed) Orville Devlin, M. D.
(Address) 1300 A. Rockwood Ave

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.