

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12914
Do not use this space.

3518

MAY 10 1938

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1003
 (c) City. ST. LOUIS MO. (d) Street No. LUTH. ERAN. HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARY ROUSSELANGE 245
 (a) Residence, No. 3329 PARK AV. St. 18
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CASPER ROUSSELANGE		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 24, 1857		
7. AGE	YEARS 80	MONTHS 4
	DAYS 20	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. NONE	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOHEMIA 7	
	13. NAME JACOB KABURICK 7	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia 7	
	15. MAIDEN NAME MARY UNKNOWN	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia	
17. INFORMANT (ADDRESS) FRANK ROUSSELANGE HILLSBORO ILLINOIS		
18. BURIAL, CREMATION, OR REMOVAL PLACE HILLSBORO ILL DATE APRIL 18, 1938		
19. FUNERAL DIRECTOR (ADDRESS) E. J. Schurz 3125 Lafayette av		
20. FILED APR 14 1938 J. E. Bredner Local Health Officer		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 14, 1938	22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1938, to 7/14, 1938. I last saw her alive on 4/13, 1938. Death is said to have occurred on the date stated above, at 2:45 a.m. The principal cause of death and related causes of importance were as follows: Carcinoma, Esophagus HUP Other contributory causes of importance: Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Yes 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) Dr. John H. Staunton, M. D. (Address) 7504 So Grand
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X12904

STATEMENT BY LICENSED EMBALMER

I, Joseph Kollmer, Licensed Embalmer No. 4014

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Joseph Kollmer
Licensed Embalmer No. 4014

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.)