

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

NOV 13 1939

34262

Do not use this space.

8800

1. PLACE OF DEATH 2

(a) County \_\_\_\_\_ Registration District No. 1003

(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

(c) City St. Louis (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) \_\_\_\_\_ St.

(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 Fannie Roussin

(a) Residence, No. 3517 d Jefferson St. 24 (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. G. Roussin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 49 5 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as 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) Potosi mo.

FATHER 13. NAME A. B. Sparks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) washington co. mo.

MOTHER 15. MAIDEN NAME Elizabeth Forster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) washington co. mo.

17. INFORMANT (ADDRESS) J. G. Roussin Shirley mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi DATE Oct 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks Funeral Home Potosi mo.

20. FILED OCT 16 1939 J. B. Bredich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 16 1939

22. I HEREBY CERTIFY, That I attended deceased from July 17 1939 to Oct 16 1939. last saw her alive on Oct 16 1939. Death is said to have occurred on the date stated above, at 12 A. M.

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

Date of onset \_\_\_\_\_

Other contributory causes of importance: metastasis to other organs

Name of operation Laparotomy Date of July 25

What test confirmed diagnosis? Biopsy 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) J. A. M. M. D.  
(Address) 634 North Grand

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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

Signed Elean Provice

Licensed Embalmer No. 3403

P. O. Address Sparks Funeral Home

Potasi, m

**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.)**

**If this body is not embalmed, above space should be left blank.**