. S. No. 2
—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9459

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2942

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1631 HOGAN STR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 26
(If outside city or town limits write "RURAL")

(d) Street No. 1631 HOGAN STR.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME MICHAEL ROUCHE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CATHERINE

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased FEB (Month) 17TH (Day) 1865 (Year)

8. AGE: Years 75 Months 1 Days 12 If less than one day — hr. — min.

9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

10. Usual occupation GEN. LABOR.

11. Industry or business CITY ST. LOUIS.

FATHER
12. Name PETER ROUCHE
13. Birthplace ALSACE-LORAINE (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name DONT KNOW
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Edso Co Owners
(b) Address 1627 Helen Str.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 1.-1940 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Brockland Und Co
(b) Address 1827 HOGAN STR.

19. (a) MAR 29 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MCH. day 29TH. year 1940 hour 6 55 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1939, to May 29, 1940 that I last saw h— alive on Mar 27, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic nephritis	2/1/39 to death
Due to Chronic Myocarditis	"
Due to Arteriosclerosis general	2/1/39
Other conditions no (Include pregnancy within 3 months of death)	

Major findings:
Of operations X
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) X
(b) Date of occurrence X
(c) Where did injury occur? X (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X (Specify type of place)
While at work? X (e) Means of injury

23. Signature Dr Wm T Hirschi (M. D. or other) M D
Address 3500 North Grand Date signed 3/29/40

(Licensed Embalmer's Statement on Reverse Side)

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 Albert S. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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