No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41040

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 10811

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: en route DePaul Hosp. ~~2733 Arlington Ave.~~ (If not in hospital or institution, write street number or location)

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

In this community 3

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County

(c) City or town St. Louis 6 (If outside city or town limits, write "RURAL")

(d) Street No. 2733 Arlington Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Otto T. Rouff

3. (b) If veteran, name war No.

3. (c) Social Security No. 489-09-6731

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Theresa

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Aug. (Month) 5 (Day) 1893 (Year)

8. AGE: Years 47 Months 4 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business

FATHER

12. Name Harry Rouff

13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER

14. Maiden name Sophie Goedecke

15. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Theresa Rouff

(b) Address 2733 Arlington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/40 (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetary

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) DEC 30 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

no attending physician

20. DATE OF DEATH: Month Dec. day 28th year 1940 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h. alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of the head of Pancreas with Metastatic obstruction in Duodenum. Hemorrhage.

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callaman (M. D. or other) 5

Address Deputy Coroner Date signed 12/30/40

(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 J. S. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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, fact should be so stated above.