No. 2
4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33431
Registrar's No. 8387

Registration District No. 791
Primary Registration District No. 1003

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: 6931 S. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 91
(If outside city or town limits, write "RURAL")
(d) Street No. 6931 S. Broadway 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph DeRousse
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Tisha
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Jan. (Month) 4 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
75	9	17	hr. min.

9. Birthplace Kaskaski (City, town, or county) Illinois 1 (State or foreign country)
10. Usual occupation Retired Carpenter
11. Industry or business
FATHER 12. Name Joseph DeRousse
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name Mary Casout
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs. Ada Hutchins
(b) Address 6615 Minnesota Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) OCT 22 1941 (Date received and registered) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 41
year 41 hour 4 minute — M.
21. I hereby certify that I attended the deceased from Oct 20 41
20 1941, to Oct 21 1941,
that I last saw him alive on Oct 20 41 8 PM 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	
Left side	about
Due to Haemorrhage	7 days
Cerebral	
Due to	
Other conditions (Include pregnancy within 3 months of death) —	

Major findings:
Of operations none
Of autopsy no

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 0
23. Signature F. F. Feller (M. D. or other)
Address 7119 S. Broadway St. Louis Date signed Oct 22 41

(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.....

Licensed Embalmer No. 2971

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.