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S. No. 2
1-9-44
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12714
State File No.

LED APR 23 1943

Registration District No. 218 Primary Registration District No. 4002 Registrar's No. 3512

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether)

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 4210 Lafayette
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Eugene Rouk

MEDICAL CERTIFICATION

3. (b) If veteran, name war no

3. (c) Social Security No. 490-14-882A

20. DATE OF DEATH: Month April day 11, year 1943 hour 1:55 minute P. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 29 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 3, 1943 to April 11, 1943

that I last saw him alive on April 11, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 8 Days 12 If less than one day hr. min.

Immediate cause of death Carcinoma of pancreas

9. Birthplace Prussia (City, town, or county) Ills. (State or foreign country)

Due to _____

Due to Hb 9

10. Usual occupation Self

Other conditions Obstructive jaundice
(Include pregnancy within 3 months of death)

11. Industry or business _____

PHYSICIAN

12. Name Dr. J. Rouk

Major findings: Of operations _____

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

Of autopsy Carcinoma of pancreas

14. Maiden name Jessie Hamilton

15. Birthplace Prussia (City, town, or county) Ills. (State or foreign country)

16. (a) Informant Mrs. Mary Rouk

(b) Address 4210 Lafayette

17. (a) Burial, cremation, or removal Burial (b) Date thereof 4/14/43
(Month) (Day) (Year)

(c) Place: burial or cremation Galaxy cemetery

18. (a) Signature of funeral director J. J. Howard

(b) Address 4212 St. Louis Ave

19. (a) APR 11 1943 (b) J. J. Howard (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) _____ Means of injury 0

23. Signature Frank Steinberg (M. D. or other) M.D.

Address 1515 Lafayette Avenue Date signed 4/12/43

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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 *Joe A Howard*
Licensed Embalmer No. 3941
P. O. Address. 4212 St. Louis Ave

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.