No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1944

Registration District No. 3477

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 4421

Registrar's No. 38

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. St. Rose Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 7 months (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3615 McDonald Ave.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hugh C. Ousley
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel Ousley
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased June (Month) 13 (Day) 1898 (Year)

8. AGE: Years 45 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Springcreek, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation State of Mo. Imp.
11. Industry or business Bureau
MOTHER FATHER
12. Name James S. Ousley
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lee Anne V. Chambers
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Hazel Ousley
(b) Address 3615 McDonald Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 9 44 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery St. James, Mo.
18. (a) Signature of funeral director Tucker-Helderle Und. Co.
(b) Address 3634 Gravois Ave.
19. (a) JAN 8 - 1944 (Date received local registrar) (b) E. H. McGeever, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1944 hour 6 minute 12 PM.
21. I hereby certify that I attended the deceased from 2/17, 1942, to 1/5, 1944, that I last saw him alive on 1/5, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3 1/2 yrs.
Due to	
Due to	
Other conditions (Includes pregnancy within 3 months of death) Tuberculous Enteritis	1 yr.

Major findings:
Of operations None
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)
(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 John C. Murphy (M. D. or other) M.D.
Address 9018 Broadway Date signed 1/5/44

(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 Frank J. Wyland

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

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.