No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32159

FILED SEP 16 1946

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 2656

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:
Missouri Pacific Hospital O
(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 _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph 999

(c) City or town Sparta
(If outside city or town limits, write "RURAL")

(d) Street No. 409 W. 3rd St. N.R.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 2

If yes, name country _____

3. (a) PRINT FULL NAME Timon A. Roussin

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Pearl Roussin

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September (Month) 20 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	11	14	hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

FATHER
12. Name Louis Roussin
13. Birthplace Richwood (City, town, or county) Missouri (State or foreign country) O

MOTHER
14. Maiden name Nora Beckett
15. Birthplace Richwood, (City, town, or county) Missouri (State or foreign country) O

16. (a) Informant Mr. Friganza
(b) Address 4957a Chippewa Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sparta, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 4 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4 year 1946 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from Sept. 4, 1946, to Sept. 4, 1946; that I last saw him alive on Sept. 4, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart Failure	
Due to: Arteriosclerosis, combined	
& Urinary Retention	
Due to: Hypertrophied Prostate	
Other conditions (Include pregnancy within 3 months of death): Ichthyosis - Gen.	
Prostatic Hypertrophy	

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 O

23. Signature Vincent A. Sherrod (M. D. or other)
Address No. Pac. Bldg. Date signed 9-5-46

(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.....

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, fact should be so stated above.