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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 23 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3058

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **320**

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:  
**De Paul Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Days**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St Louis** **96**

(c) City or town **St. Louis Wellington**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **6426 Chatham Ave.**  
(If rural, give location) **N. R. 0**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Joseph F. Rous**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **10th**  
year **1947** hour \_\_\_\_\_ minute **05 A.M.**

21. I hereby certify that I attended the deceased from **Jan 7 1947**  
\_\_\_\_\_ 19\_\_\_\_ to **Jan 10 1947**  
that I last saw him alive on **Jan 10 1947**  
and that death occurred on the date and hour stated above.

4. Sex **M.** 5. Color or race **W.**

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

6. (b) Name of husband or wife **Elizabeth A. Rous**

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

7. Birth date of deceased **Jan. 12th. 1899**  
(Month) (Day) (Year)

Immediate cause of death **Acute Suckemia** Duration \_\_\_\_\_

Due to **Suckemia, Acute Lymphatic** **2 Wks**

Due to \_\_\_\_\_

Other conditions **Pneumonitis**

(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

47	11	28	hr. _____ min. <b>5</b>
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9. Birthplace **St. Louis**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

Major findings: Of operations **none**

Of autopsy **none**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **William C. Rous**

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

14. Maiden name **Anna Barta**

15. Birthplace **Bohemia**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **none**

(c) Where did injury occur? **none**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work? **no** (Specify type of place) (e) Means of injury **no**

23. Signature **J. F. Breese** (M. D. or other) **MD**

Address **7124 Natural Bridge** Date signed **1.10.47**

16. (a) Informant **Mrs. A. Elizabeth Rous**

(b) Address **6426 Chatham Ave.**

17. (a) **Burial** (b) Date thereof **1-13-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **318 98th Lindell Blvd**

19. (a) \_\_\_\_\_ (b) **J. F. Breese**  
(Date received local registrar) (Registrar's signature)

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

FEB 19 1949

*True*

*W. M. G. ...  
D. ...  
J. ...*

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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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Ruddell*

**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.**