S. No. 2
M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
Federal Office of Vital Statistics

FILED AUG 15 1947

Registration District No. 73903 978

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 26004

Registrar's No. 7268

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital #1.
(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

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

(d) Street No. 23 1507 South 13th Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Eva Rousan

3. (b) If veteran, name war None

3. (c) Social Security No. 498-22-0978

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Austin Rousan

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July (Month) 31 (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	0	3	hr. min.

9. Birthplace Richwoods (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name William George Godat
13. Birthplace Richwoods (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Anna Kelso
15. Birthplace Richwoods (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Austin Rousan
(b) Address 1507 South 13th Street.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Richwoods, Missouri

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

19. (a) AUG 4 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 4th year 1947 hour 2:25 minute P M.

21. I hereby certify that I attended the deceased from 7/30/47, 19, to 8/4/47, 19; that I last saw her alive on 8/4/47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	
Due to Cerebro vascular hemorrhage.	
Due to Hypertension	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 Oscar F. Moton MD 1515 LAFAYETTE (M. D. or other) 8/4/47

Address Date signed

Jefferson City Printing Co.

(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.....

.....I....., Registered Apprentice No.....,

working under my personal supervision.

Signed Henry A. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.