No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3021

FILED JAN 30 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 527

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 DEAD BEFORE ARRIVING AT CITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community

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. 4489 WASHINGTON BLVD.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JENNIE C. ROUSSEAU.

3. (b) If veteran, name war NO.

3. (c) Social Security No. NO.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife L.H.ROUSSEAU.

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

7. Birth date of deceased MARCH (Month) 26 (Day) 1866 (Year)

8. AGE: Years 81 Months 9 Days 20 If less than one day hr. min.

9. Birthplace SALTILLO (City, town, or county) TENN. (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name JAMES H. CLARK.
13. Birthplace UNKNOWN (City, town, or county) TENN. (State or foreign country)

MOTHER
14. Maiden name HARRIETT ALEXANDER.
15. Birthplace UNKNOWN (City, town, or county) TENN. (State or foreign country)

16. (a) Informant MRS. LOUISE GARNEY.
(b) Address OAKLAND, CALIFORNIA.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 1-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director C.R.LUPTON & SONS.
(b) Address 7233 DELMAR BLVD.

19. (a) JAN 19 1948 (Date received by registrar) (b) J. F. Briscoe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 16 year 1948 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from 2-29, 1932 to 1-16, 1948 that I last saw h alive on 10-28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive cardio-vascular disease	10 yrs
Due to	
Due to	
Other conditions (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? (c) Means of injury

23. Signature Fahney B. Day (M. D. or other)

Address 3720 Washington Date signed 1-17-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

5720 Washington
NE 0870

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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 Clarence F. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

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.