

FILED JUL 14 1948  
Registration District No. 397

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maryland Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Fee Fee & Midland Avenues  
(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)

3: (a) PRINT FULL NAME Edna DeRousse

3. (b) If veteran, name war No 3. (c) Social Security No. 489-09-9041

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 12 1888  
(Month) (Day) (Year)

8: AGE: Years Months Days If less than one day  
60 0 1 hr. min.

9. Birthplace Kankakee Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business National Dress Shop

MOTHER FATHER { 12. Name Eli DeRousse  
13. Birthplace Silver Lake Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Minnie DeRousse  
15. Birthplace Silver Lake Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Gustave R. Baumann  
(b) Address 2504-Woodson Rd-Overland-14-Mo.

17. (a) Burial (b) Date thereof 6-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Baumann Bros. Inc.  
(b) Address 2504-Woodson Rd-Overland-14-Mo.

19. (a) 6-13-48 (b) Earl R. Humphreys  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Maryland Heights 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Fee Fee & Midland Avenues 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13  
year 1948 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cause unknown

Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 200c

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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?

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
Earl R. Humphreys (M. D. License No. 6-28-48)  
Address Commissioner of Health Date signed \_\_\_\_\_

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

**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 3452

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3452

P. O. Address Overland

**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.**