

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17199**

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>2030</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Festus, Mo.</u>		c. LENGTH OF STAY (in this place) <u>27 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City 0501</u>		d. STREET ADDRESS (If rural, give location) <u>207 George Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ben</u> b. (Middle) <u>V.</u> c. (Last) <u>DeRousse</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 3, 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 9, 1918</u>	
9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glass worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pittsburgh Plate Glass</u>		11. BIRTHPLACE (State or foreign country) <u>Kaskaskia, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank DeRousse</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Kaysary</u>		14. NAME OF HUSBAND OR WIFE <u>Mary DeRousse</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>_____</u> ADDRESS <u>_____</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Septic Pseudigo</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hr</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <u>Joachim Sp. Jefferson Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-3-50 3A.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20. HOW DID INJURY OCCUR? <u>auto accident</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:10A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Daniel Maher Brandt</u> (Degree or title)				23b. ADDRESS <u>1250 Mo</u>		23c. DATE SIGNED <u>3/4/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roselawn Mem. Park</u>		24d. LOCATION (City, town, or county) (State) <u>Crystal City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Edward Bellavilla</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gentry R. Palitte</u>		ADDRESS <u>Crystal City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 5-11-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Eleanore Poince

Licensed Embalmer No. 3403

P. O. Address Jedus, Mo.

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.