No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29057

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2071

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay 23
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 9375a So. Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay 23 4870
d. STREET ADDRESS (If rural, give location) 9375a So. Broadway 0

3. NAME OF DECEASED (Type or Print)
a. (First) Lester
b. (Middle) Albert
c. (Last) Rousan

4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1950

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH May 28, 1894
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months 3 Days 1 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter
10b. KIND OF BUSINESS OR INDUSTRY Bussman-Fuse Co.
11. BIRTHPLACE (State or foreign country) DeSoto, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wilferd Rousan
13b. MOTHER'S MAIDEN NAME Jane Oharver
14. NAME OF HUSBAND OR WIFE Gertrude Rousan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 494016658
17. INFORMANT'S SIGNATURE OR NAME Gertrude Rousan, 9375a So. Beoadway ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of lung with metastasis to liver & kidneys — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 163X

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1, 1949 *to* 8-29, 1950, *that I last saw the deceased alive on* 8/29, 1950, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Ernin D. Creulins M.D. (Degree or title)
23b. ADDRESS 752 Lemay Ferry Rd
23c. DATE SIGNED 8/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 9-1-50 mr.
24c. NAME OF CEMETERY OR CREMATORY Hope Cem.
24d. LOCATION (City, town, or county) Lemay 23, Mp/ (State)

DATE REC'D BY LOCAL REG. 8-30-50
REGISTRAR'S SIGNATURE Herbert R. [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und/Co., 7420 Michigan ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed V E Morris

Licensed Embalmer No. 3360

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.