

No. 300
10-68

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20189

State File No.

FILED MAY 28 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1378

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood Village</u>		c. LENGTH OF STAY (In this place) <u>11 Days</u>	c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? <u>Yes</u> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peace Haven Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>4745 Lee Avenue</u> <u>2079</u>	

3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u> (First) <u>M.</u> (Middle) <u>Rouche</u> (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Aug. 8, 1888</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Days _____ IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Book Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Multiplex</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Rouche</u>		13b. MOTHER'S MAIDEN NAME <u>Marguerite Michel</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frances Hulsehew, 504 Chambers Rd.</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>Arterio Sclerosis History</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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. <u>History of recurrent gastric ulcers</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>4500</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5/16, 1953, to 5/16, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:50P m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. C. ...</u> (Degree or title)		23b. ADDRESS <u>5629 Cabanne</u>		23c. DATE SIGNED <u>5/17/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>5-20-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>5-18-53</u>		REGISTRAR'S SIGNATURE <u>Herbert P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son Inc. 2161 E. Fair Ave.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

JUL 30 1953

DEC 17 1958

JUN 4 1953

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
Signature of Student Embalmer

Signed *Wm. L. Watz*

Licensed Embalmer No. *373*

P. O. Address *St. Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.