No. 300
10-48

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

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29200

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7228

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 4
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CITY HOPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4008 Laclede Ave 2189 0

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3. NAME OF DECEASED (Type or Print)
a. (First): NORMAN
b. (Middle): EUGENE
c. (Last): ROUSSIN

4. DATE OF DEATH (Month): AUG (Day): 3 (Year): 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: October 5 1924
9. AGE (In years last birthday): 29 | If under 1 year: Months | Days | If under 1 hr.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY: Foundry
11. BIRTHPLACE (City and State or Foreign Country): DeSoto Missouri 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Clyde O Roussin
13b. MOTHER'S MAIDEN NAME: Grace Huff
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.: 487-20-9937
17. INFORMANT'S SIGNATURE OR NAME: Clyde Roussin
ADDRESS: 4008 Laclede St. Louis Mo

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) Fracture skull, basilar brain damage, following injuries sustained in collision between a car operated by deceased and a car operated by one Joseph Spyrude at intersection of Laclede and Botanical Ave.
(b)
(c)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(d)
(e)

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Died at 4:30 pm July 31, 1954
AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 31 54 4:30 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

0 0 F8164

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 4:00 p.m., from the causes and on the date stated above. 26

23a. SIGNATURE: Patrick C. Taylor (Degree or title?) Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 8-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Aug 7 54
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn, DeSoto Mo
24d. LOCATION (City, town, or county) (State): DeSoto Missouri

DATE REC'D BY LOCAL REG.: AUG 4 1954
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: J. Lee Mathushant
ADDRESS: DeSoto, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 474

P. O. Address De Soto,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.