

STANDARD CERTIFICATE OF DEATH

32144

State File No. 7740

FILED SEP 22 1954

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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 town OR <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Overland</u> <u>439</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>8</u> No <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>10779 Page Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Rouse</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 20, 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 8, 1875</u>	
9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wagoner Elec.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fredericktown, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Rouse</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda McNew</u>		14. NAME OF HUSBAND OR WIFE <u>Lula May Rouse</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give no. or date of service) <u>Nil.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Rouse</u>		ADDRESS <u>10779 Page Ave.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION <u>Overland, Mo.</u>				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Apoplexy - probably due to thrombotic</u>		ANTECEDENT CAUSES <u>DIABETES MELLITUS</u>				<u>6 mos</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____				<u>6 mos</u>	
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 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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>260x</u>				22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>54</u> , to <u>time of death</u> , that I last saw the deceased alive on <u>Aug 20, 1954</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>april Fleishman</u> (Degree or title) _____		23b. ADDRESS <u>462 N. Taylor</u>		23c. DATE SIGNED <u>9/21/54</u>			
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>8-21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 20 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington.</u>			

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

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Retired

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 *John S. Blenne*
Licensed Embalmer No. *410*
P. O. Address *St. La*

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.