

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) 915 N. Grand, St. Louis, Mo. | | c. LENGTH OF STAY (in this place) 3 days | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP. | | STREET ADDRESS (If rural, give location) 6136 Morganford Road | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) A. c. (Last) ROUTT | | 4. DATE OF DEATH (Month) (Day) (Year) April 12, 1955 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 5/28/96 |
| 9. AGE (In years last birthday) 58 | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Used Car Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Sheraton, Iowa |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |

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|---------------------------------------------------------------------------------|--|---------------------------------------------------------|--|------------------------------------------------------------------------------|--|
| 13a. FATHER'S NAME WILLIAM ROUTT | | 13b. MOTHER'S MAIDEN NAME ELIZABETH (UNKNOWN) | | 14. NAME OF HUSBAND OR WIFE GRACE ROUTT | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, St. Louis, Mo. | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LAENNEC'S PORTAL CIRRHOSIS | | INTERVAL BETWEEN ONSET AND DEATH 4 months | |
| | | 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. | | | |

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| 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) VA | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 5811 | |

22. I hereby certify that I attended the deceased from **4/9**, 19 **55**, to **4/12**, 19 **55**, and that death occurred at **3:25 Am.**, from the causes and on the date stated above.

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| 23a. SIGNATURE W. F. Westphaelinger (Degree or title) D. | | 23b. ADDRESS VAH, St. Louis, Mo. | | 23c. DATE SIGNED 4/12/55 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4-14-55 | | 24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery | | 24d. LOCATION (City, town, or county) (State) Mason Rd. St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. APR 14 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith MO | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SOUTHERN FUNERAL HOME 6823 S. GRAND BLVD. ST. LOUIS 11, MO. | | | |

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 *David Tau Tassan*

Licensed Embalmer No. *428*

P. O. Address *6322 10th*

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.