

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38805

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10173**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town or town) St. Louis,		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN Lemay 10			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		e. STREET ADDRESS (If rural, give location) 9375 a So. Broadway					
3. NAME OF DECEASED (Type or Print) a. (First) Gertrude		b. (Middle) B.		c. (Last) Rousan			
4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1955		5. SEX Female		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 25, 1904		9. AGE (In years last birthday) Months Days 51			
10a. USUAL OCCUPATION (Give kind of work comprising most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Augustin		13b. MOTHER'S MAIDEN NAME Josephine Haar			
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-20-5274			
17. INFORMANT'S SIGNATURE OR NAME Virginia Alonzo		ADDRESS 9417 Congo Dr.					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. Cardiac dilation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic cardiac-vascular disease DUE TO (c) Esophagial varices II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years 6 months or longer	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 422.1			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 2-10, 1955 , to 11-19, 1955 , that I last saw the deceased alive on 11-9, 1955 , and that death occurred at 4:55 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lucas S. Fendler M.D.		23b. ADDRESS 752 Lemay, St. Louis, Mo.		23c. DATE SIGNED 11/19/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/21/1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery			
24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.		DATE REC'D BY LOCAL REG. NOV 22 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			
25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.		ADDRESS 7420 Michigan Ave.					

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

(Licensed Embalmer's Statement on Reverse Side)

