

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22093

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's 5550

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS <b>312a Douchouquette St.</b> (If outside, give location) <b>2339</b>	
3. NAME OF DECEASED (Type or print) <b>John</b> First <b>E.</b> Middle <b>Roubidoux</b> Last		4. DATE OF DEATH Month <b>June</b> Day <b>9</b> Year <b>1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 22, 1908</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>watchman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>A.C.F. Industries</b>	9. AGE (In years last birthday) <b>48</b>
11. BIRTHPLACE (City and state or country) <b>Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>John Roubidoux</b>		14. MOTHER'S MAIDEN NAME <b>Mary Browsers</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>498-01-2621</b>	
17. INFORMANT <b>Lucille Roubidoux (wife)</b>		Address <b>as above</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PULMONARY EMBOLUS</b> DUE TO (b) <b>CARCINOMA OF ESOPHAGUS</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>CARDIAL DECOMPENSATION</b>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>150.x</b>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month _____ Day _____ Year _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>5-17-56</b> , to <b>6-9-56</b> and last saw <del>him</del> <b>her</b> alive on <b>6-9-56</b> Death occurred at <b>4:10pm</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. Skrotz, MD</b> (Deputy Registrar)		22b. ADDRESS <b>1515 Lafayette</b>	
22c. DATE SIGNED <b>6-10-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>6-12-56</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>	
24. FUNERAL DIRECTOR <b>C. Hoffmeister</b> ADDRESS <b>7814 S. Broadway</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 11 1956</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>			

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 *L. C. Dranson*

Licensed Embalmer No... 476

P. O. Address *St. Louis*

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.