

FILED SEP 27 1956

STANDARD CERTIFICATE OF DEATH

32627

STATE FILE NUMBER

Registration District No. 312 Primary Registration District No. 544 Registrar's No. 2093

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKWOOD</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KIRKWOOD</u> <u>4693</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>332 N. DICKSON</u> Length of stay in lb <u>37 YRS -</u>		d. STREET ADDRESS (If outside, give location) <u>332 N. DICKSON</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ETHEL</u> Middle <u>LEAH</u> Last <u>ROUX</u>			4. DATE OF DEATH <u>SEPT. 1, 1956</u> Month Day Year		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 1, 1888</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R-9 SCHOOL DIST.</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS COUNTY, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A.</u>			13. FATHER'S NAME <u>WM. T. TERRY</u>		
14. MOTHER'S MAIDEN NAME <u>ELLAN. CALLAWAY</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NONE</u>		
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>JOSEPH R. ROUX, 332 N. DICKSON</u> Address			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u> <u>year</u> <u>year</u>
Conditions, if any, which pertain to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>		
DUE TO (c) <u>Diabetes Mellitus</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>260x</u>		

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.) <u>Struck</u>	
20c. TIME OF INJURY: Hour Month, Day, Year a. m. p. m.	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 <u>9-15 1955</u> to <u>Sept 1, 1956</u> and last saw her alive on <u>Sept 1, 1956</u> Death occurred at <u>9:15 A m</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Charles Miller MD</u>	22b. ADDRESS <u>206 N. Clay, Kirkwood, Mo</u>	22c. DATE SIGNED <u>9-4-56</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9/19/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Free Fee Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO.</u>
24. FUNERAL DIRECTOR <u>PEITZINGER MORTUARY, KIRKWOOD, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>9-6-56</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MD</u>	

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *William H. Peterson* .....

Licensed Embalmer No. *431*

P. O. Address *Kuhuroo*

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.