No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36501

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 2357

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 1 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Tennessee
b. COUNTY:
c. CITY OR TOWN: Finger
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 8 41 8

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): A
c. (Last): Rouse

4. DATE OF DEATH (Month) (Day) (Year): 10 6 56

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 7, 1910
9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet metal worker
10b. KIND OF BUSINESS OR INDUSTRY: Aircraft
11. BIRTHPLACE (City and State or Foreign Country): Finger, Tennessee
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jasper Rouse
13b. MOTHER'S MAIDEN NAME: Sarah Weaver
14. NAME OF HUSBAND OR WIFE: Juanita Rouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 411-16-1202
17. INFORMANT'S SIGNATURE OR NAME: Juanita Rouse, **ADDRESS**: Finger, Tennessee

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intracranial Hemorrhage — 5 day
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia hemothorax left — 5 day

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public Hy.
21c. (CITY, TOWN, OR TOWNSHIP) 480 (COUNTY) St. Louis (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct - 1, 1956 1p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Auto Accident Turned tractor. For unknown reason he fainted

22. *I hereby certify that I attended the deceased from* 10-1, 1956, *to* 10-6, 1956, *that I last saw the deceased alive on* 10-6, 1956 *and that death occurred at* 1:10 P *m.; from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard H. King M.D.
23b. ADDRESS: 601 So. Brentwood
23c. DATE SIGNED: 10-6-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-6-56
24c. NAME OF CEMETERY OR CREMATORY: Friendship Cemetery
24d. LOCATION (City, town, or county) (State): Finger, Tennessee

DATE REC'D BY LOCAL REG.: 10-10-56
REGISTRAR'S SIGNATURE: Herbert B. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: WHITE CHAPEL, FERGUSON, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Jennings

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.