

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016351

STATE FILE NUMBER

MAY 7 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 988

1. PLACE OF DEATH a. COUNTY St. Louis Koch, Missouri		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis KOCH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robert Koch Hosp.		Length of stay in 1b 39 DAYS	d. STREET ADDRESS (If outside, give location) Annex Hotel 615 Walnut
3. NAME OF DECEASED (Type or print) First Middle Last George Albert Rouse			4. DATE OF DEATH Month Day Year April 10 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-14-03
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	9. AGE (In years) Full birthday 56
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Orville J. Rouse		13b. MOTHER'S MAIDEN NAME Jessie Carpenter	14. NAME OF HUSBAND OR WIFE Unavailable
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. 489-14-7859	17. INFORMANT Address Sister 1251 Spruce Hannibal, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic pulmonary tuberculosis			INTERVAL BETWEEN ONSET AND DEATH ? 4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Chronic pulmonary emphysema			? 4 years
DUE TO (c) 1			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 002 x			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 002 x	
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 3-2-59 to 4-10-59 and last saw her alive on 4-10-59 Death occurred at 6:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Elias J. Lipsitz, M.D. (Degree or title)		22b. ADDRESS Robert Koch Hospital	22c. DATE SIGNED 4/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-11-59	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) Hannibal, Missouri. (State)
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd. ADDRESS		25. DATE RECD. BY LOCAL REG. 4-11-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 7 1959

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 *Robert M. Murray*

Licensed Embalmer No. *3749*
P. O. Address *St. Louis, Mo.*

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.