

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22968

1. PLACE OF DEATH

County..... Registration District No. **701**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **City Hosp**)

File No.....
Registered No. **6406**
St..... Ward.....

2. FULL NAME

(a) Residence No. **2508 no. 12th** St. Ward **26**
(Usual place of abode)
Length of residence in city or town where death occurred **25** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **male**
4. COLOR OR RACE **white**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **widowed**

15. DATE OF DEATH (MONTH, DAY AND YEAR) **June 7th 1931**
17. I HEREBY CERTIFY, That I attended deceased from **May 28th 1931** to **June 7th 1931** that I last saw **him** alive on **June 7th 1931**, and that death occurred, on the date stated above, at **11:30 a. m.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sarah Rouk**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pulmonary Tuberculosis
23A

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 13th - 1862**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 7 25

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **23**
(duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **nil Retired**
(b) General nature of industry, business, or establishment in which employed (or employer) **Confectionery owner**
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....
WAS THERE AN AUTOPSY? **refused**
WHAT TEST CONFIRMED DIAGNOSIS? **Chemical laboratory**
(Signed) **R. Scherman**, M. D.
6/8, 1931 (Address) **City Hospital**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **no. Carolina**

10. NAME OF FATHER **James B Rouk**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **No Carolina**
12. MAIDEN NAME OF MOTHER **Unknown**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **u**

14. Hospital Information INFORMANT **Erace Copp** (Address) **City Hosp**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED **11 14 19** REGISTRAR **Walter Parker**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Tipton Mo** DATE OF BURIAL **6/9 1931**
20. UNDERTAKER **Arthur J. Donnelly** ADDRESS **2039 Wash &**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

