

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39764**

1940
Registration District No. **78K**

Primary Registration District No. **200**

Registrar's No. **2108**

6
RECORDED
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Manchester Heights**
(c) Name of hospital or institution: **Fee Fee & Midland**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 years** (Specify whether years, months or days) **2**
In this community **7 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Manchester Heights**
(If outside city or town limits, write "RURAL")
(d) Street No. **Fee Fee & Midland** (If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **MINNIE DEROUSSE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov** day **7**
year **1940** hour **5** minute **00 A.** M.

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

21. I hereby certify that I attended the deceased from **Nov 4th**, 1940, to **Nov 7th**, 1940, that I last saw **her** alive on **Nov 6th**, 1940 and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**

Immediate cause of death: **Cerebral hemorrhage** Duration **3 days**

6. (b) Name of husband or wife **Elie Rousse** 6. (c) Age of husband or wife if alive **4** years (Day) **1868** (Year)

Due to **92/1000 strokes** **1 yr.**

8. AGE: Years **72** Months **3** Days **3** hr. min.

Due to **8201**

9. Birthplace **Silver Lake Mo.** (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Housewife**

Major findings: Of operations

11. Industry or business

Of autopsy
Underline the cause to which death should be charged statistically.

12. Name **Richard Hill**
13. Birthplace **Silver Lake Mo.** (City, town, or county) (State or foreign country)

14. Maiden name **Ambergus**
15. Birthplace **Ambergus** (City, town, or county) (State or foreign country)

16. (a) Informant **Ray Elie Rousse**
(b) Address **Festus, Mo.**

22. If death was due to external causes, fill in the following:

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-9-40** (Month) (Day) (Year)
(c) Place: burial or cremation **Fee Fee Cemetery**

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Sammy Brodie**
(b) Address **2504 Woodrow Overland Mo.**

23. Signature **H. T. Galt** (M. D. or other) **1**
Address **Pattonville, Mo.** Date signed **Nov. 8. 40**

19. (a) **NOV 8 1940** (Date received local registrar) (b) **R. Meyer** (Registrar's signature)

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Oscar F. Mueller

Licensed Embalmer No.

2039

P. O. Address.....

Cleveland, Ohio

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 this body is not embalmed, fact should be so stated above.