

MAILED FEB 18 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4732

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town Potosi  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Years  
(Specify whether  
In this community 3 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County WASHINGTON  
(c) City or town POTOSI  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Jane Roubdioux

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Firmin Roubdioux 6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased. 11 (Month) 15 (Day) 1866 (Year)

8. AGE: Years 74 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Washington Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Smith

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Jane Guard

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Roubdioux

(b) Address 1805 Galle St. Louis Mo.

17. (a) Burial (b) Date thereof Jan: 25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat River Mo.

18. (a) Signature of funeral director J.B. Boyer & Son

(b) Address Potosi Mo.

19. (a) Jan 25-41 (b) G.F. Presume  
(If he received local registrar) (Registrar's signature)

(If he received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23rd.  
year 1941 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from Jan.  
Eighteenth 41 to Jan. 23rd. 19. 41  
that I last saw her alive on Jan. Twenty third 19. 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Samuel R. Barwood (M. D. or other)

Address Potosi, Mo. Date signed

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

FEB 16 1942

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**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

*W. B. Beyer*

Licensed Embalmer No. *4158*

P. O. Address *Potosi, 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 this body is not embalmed, fact should be so stated above.**