

FILED MAY 13 1942

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours
(Specify whether years, months or days)

In this community..... 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis (If outside city or town limits, write "RURAL") 23 17

(d) Street No..... 1432 Menard Street (If rural, give location) 9

(e) Citizen of foreign country?..... (Yes or No) h

If yes, name country.....

3. (a) PRINT FULL NAME..... Nellie Rouse

3. (b) If veteran, name war..... none

3. (c) Social Security No..... none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 3
year..... 1942 hour..... 9:15 minute..... A M.

4. Sex..... female / 5. Color or race..... white

6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... John 6. (c) Age of husband or wife if alive..... 28 years

7. Birth date of deceased..... March 6, 1919
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....; that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>23</u> | <u>1</u> | <u>27</u> | hr. min. |

Immediate cause of death.....
General Peritonitis (purulent) caused by a ruptured pus tube.

9. Birthplace..... Alabama
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation..... House-wife

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

11. Industry or business..... at home

MOTHER FATHER { 12. Name..... Leon Compton 9

13. Birthplace..... unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name..... unknown 9

15. Birthplace..... unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant..... John Rouse

(b) Address..... 1432 Menard Street

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?.....

17. (a) Removal (b) Date thereof..... 5-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Decatur, Alabama

18. (a) Signature of funeral director..... a w m gaudin

(b) Address..... 2301 Lafayette Avenue

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

23. Signature..... Thomas F. Callahan (M. D. or other) 3

Address..... Deputy Coroner Date signed..... 5/4/42

19. (a) MISSOURI A 4000 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

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

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 L. R. Cooper
Licensed Embalmer No. 3633
P. O. Address 2317 Lafayette

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.