

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21145
Registrar's No. 12

FILED JUL 23 1942
Registration District No. 295

Primary Registration District No. 5472

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

1. PLACE OF DEATH:
(a) County T. Franklin
(b) City or town Rural - Meramec
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) years
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County T. Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Meramec Township
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ferdinand Roussin
(b) If veteran, name war _____
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 23
year 1942 hour 2 minute 01 M.

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased July - 16 - 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/14 - 41 to 6-23-42
that I last saw him alive on June 20 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 11 Days 7
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Bronchitis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 106 lb
Of autopsy _____

9. Birthplace Richwood Mo
(City, town, or county) (State or foreign country)
10. Usual occupation farmer

MOTHER FATHER
11. Industry or business _____
12. Name Phelix Roussin
13. Birthplace France - 5
(City, town, or county) (State or foreign country)
14. Maiden name Cona Rogie
15. Birthplace France - 5
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Lawrence Roussin
(b) Address St Clair
17. (a) Burial (b) Date thereof 6-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 4209902065 - Riverside

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? _____

18. (a) Signature of funeral director Sherwood Mitchell
(b) Address St. Clair
19. (a) June 23 1942 (b) Sherwood Mitchell
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Kitchell (M. D. or other) _____
Address St. Clair Mo Date signed 23

1121

(Licensed Embalmer's Statement on Reverse Side)

852

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..... *Sherwood Kitchell*.....
Licensed Embalmer No..... *3873*.....
P. O. Address..... *St. Clair, 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.