

S. No. 2  
M-5-42  
7. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32376

State File No. ....  
Registrar's No. 8728

FILED OCT 28 1942 318  
Registration District No. ....

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Montgomery  
(c) City or town Hillsboro, Ill.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 436 Rountree Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 2

3. (a) PRINT FULL NAME Frank Rouhselange

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

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

6. (b) Name of husband or wife E. June 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Jan. 4th 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 9 16 hr. min.

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

10. Usual occupation Poultry & Grain Dealer

11. Industry or business.....

MOTHER FATHER { 12. Name Casper Rouhselange

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

14. Maiden name Mary Kaburick

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

16. (a) Informant E. June Rouhselang

(b) Address Hillsboro, Ill.

17. (a) Removal (b) Date thereof 10-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.  
(b) Address 4700 Washington Blvd.

19. (a) OCT 21 1942 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20th  
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from 9-29-42  
..... 19..... to..... 19.....  
that I last saw h. was alive on 10-20-42  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Perforation of Stomach  
Ulcer - Peptic  
Arterio-Sclerosis  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operation Oct 7-1942  
as above  
Of autopsy as above

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 James H. Hoppe (M. D. —)  
Address 3724 Washington Date signed 10/21/42

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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.....

*Welford S. Burnley*

Licensed Embalmer No. *4202*

P. O. Address.....

*St. Louis, 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.**