V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1943

State File No. 39258

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 120

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: Luthern Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jefferson 50
(c) City or town De Soto 2
(If outside city or town limits, write "RURAL")
(d) Street No. 616 Cedar St. N.R.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Anna May Roussin
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Charles B. Roussin
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb (Month) 11 (Day) 1876 (Year)

8. AGE: Years 66 Months 10 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace ? (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name Ephram Maness
13. Birthplace ? (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Amanda R. Maness
15. Birthplace ? (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant Amos Roussin
(b) Address 616 Cedar, De Soto, Mo
17. (a) Burial, cremation, or removal Romance (b) Date thereof 1-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Leesota, Mo. ~~Fletcher, Mo.~~
18. (a) Signature of funeral director Lee Mothershead
(b) Address De Soto Mo
19. (a) JAN 8 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1943 hour 4 minute 30 P M.
21. I hereby certify that I attended the deceased from 12-31-42, 19..., to 1-5-43, 19..., that I last saw her alive on 1-5-43, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	5 yrs
Due to	
Due to 61.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Leo H. Hauser (M. D. or other) W. D.
Address 3651 Grandel Sqr Date signed 1-6-43

(Licensed Embalmer's Statement on Reverse Side)

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 J. L. E. Mathersheard

Licensed Embalmer No. 35

P. O. Address De Soto, 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.