DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1944

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20202

Primary Registration District No. 1003

Registrar's No. 5426

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: 706 Ann ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 706 Ann ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME James M. Roussin

3. (b) If veteran, name war no

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 Ida

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Nov. (Month) 19th. (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
70	6	25	hr. min.

9. Birthplace Monroe Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Ret. Carpenter

11. Industry or business

FATHER
12. Name Thomas Roussin
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Cynthia Faulkenberry
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature Wm. Roussin

(b) Address 1264 Gravois

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-16-1944 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director W. Schmaecher

(b) Address 3013 Meramec

19. (a) JUN 16 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June day 13th. year 1944 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...;

that I last saw h... alive on ....., 19...;

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Chronic Interstitial Nephritis	
Due to	
Due to	
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 [illegible] (M. D. or other)

Address [illegible] Date signed 6/16/44

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Francis A. Williams

Licensed Embalmer No. 3565

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.