

No. 2
12-45
-17-39
X47070

FILED MAR 14 1947
398

2349

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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: City Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 mos 19 das
In this community 58 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME LILLIE E. ROUSE

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 widow 2

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

7. Birth date of deceased July 3 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>8</u>	<u>2</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business -----

12. Name Herman ?

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Julia ?

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Lina A. Dingler

(b) Address 5400 Arsenal St

17. (a) burial (b) Date thereof Mar. 8, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Hacker-Kellule U.S. Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAR 7 1947 (b) J. F. Budenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3700 a Fairview Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1947 hour 5:50 minute A. M.

21. I hereby certify that I attended the deceased from Dec., 16, 19 47 to March 5, 19 47
that I last saw h. er alive on March 5, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Broncho-pneumonia Bilateral</u>	<u>10 days</u>
<u>Cerebral Thrombosis-right</u>	<u>2/12/47</u>
<u>xxx Arteriosclerotic Heart Disease</u>	<u>12/16/46</u>

Due to -----
Other conditions -----
(Include pregnancy within 3 months of death)

Major findings: Of operations -----
Of autopsy No.
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? -----

While at work? ----- (Specify type of place)
(e) Means of injury 0

23. Signature Jack R. ... (M. D. or other)
Address 5400 Arsenal St Date signed 3/5/47

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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address. W. R. Smith

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.