

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

617

FILED FEB 2 1949

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) township _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3501 CHARK</u>				d. STREET ADDRESS (If rural, give location) <u>3501 CHARK</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELLA</u>		b. (Middle) _____		c. (Last) <u>ROUSER</u>			
4. DATE OF DEATH		(Month) <u>1</u>		(Day) <u>20</u>		(Year) <u>49</u>			
5. SEX <u>FE</u>	6. COLOR OR RACE <u>2 COL</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Nov-20-1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____	IF UNDER 4 HRS. Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>EDWARD HAILE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKWON</u>		14. NAME OF HUSBAND OR WIFE <u>I ROUSER</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nellie Payne - 4272 Washington</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>45</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:38</u> ^{PM} m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Jessie M. Quinn</u> (Degree or title) <u>Deputy Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>1/22/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1/23/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo</u>			
DATE REC'D BY LOCAL REG. <u>JAN 22 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allan Decker 3506 Franklin</u>					

(Licensed Embalmer's Statement on Reverse Side)

226-26

JAN 22 1949

Embalment Reg Cert to be filled

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.....
..... Student Embalmer No.
working under my personal supervision.

Signed.....
..... Licensed Embalmer No.....
Student Embalmer

P. O. Address.....

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.