

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32134

State File No.

318

1003

7849

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hosp.		d. STREET ADDRESS (If rural, give location) 3465 Macklind Ave.			
3. NAME OF DECEASED a. (First) IVAN		b. (Middle) HAROLD		c. (Last) ROUSE	
4. DATE OF DEATH Sep't. 8 1949		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sep't. 22, 1895		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motion Picture Operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hannibal, Mo.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Eugene Rouse		13b. MOTHER'S MAIDEN NAME Eva Jackson	
14. NAME OF HUSBAND OR WIFE Gertrude Rouse		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Mexican War		16. SOCIAL SECURITY NO. 492-01-4833	
17. INFORMANT'S SIGNATURE OR NAME Gertrude Rouse		ADDRESS 3465 Macklind Ave.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Emphysema</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pulmonary Tuberculosis</i> DUE TO (c) <i>Branchitis - secondary</i>			
INTERVAL BETWEEN ONSET AND DEATH 2 years 30 years		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis (Mo.)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>no 2 X</i>		22. I hereby certify that I attended the deceased from <i>June 10, 1949</i> , to <i>Aug 8, 1949</i> , that I last saw the deceased alive on <i>Aug 7, 1949</i> , and that death occurred at <i>12:10 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>B. J. Mc...</i>		(Degree of title)		23b. ADDRESS <i>16 Douglas Kings Plaza</i>	
23c. DATE SIGNED 9-9-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sep. 10, 1949	
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			
DATE REC'D BY LOCAL SEP 10 1949		REGISTRAR'S SIGNATURE <i>H. Storer</i>		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl.	

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

OCT 11 1949

1/16 1000 9/14

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.

Student
Student Embalmer

Signed William P. White

Licensed Embalmer No. 4281

P. O. Address 4238 La King Highway

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.