

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 15 1953

BIRTH NO. REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>RURAL-TOWN 5</u> c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY OR TOWN <u>Rural</u> <u>Union</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union SWP</u>		d. STREET ADDRESS (If rural, give location) <u>0360</u>	
3. NAME OF DECEASED a. (First) <u>Clementine</u> (Type or Print)		b. (Middle) <u>M.</u> c. (Last) <u>Rousseau</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 8 1953</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Aug 25, 1860</u>
9. AGE (In years) <u>92</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u>	IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Only kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Perryville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John P. Trivoux</u>	13b. MOTHER'S MAIDEN NAME <u>Josette Traus</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph W. Rousseau, St. Louis Mo</u> ADDRESS	
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Bronchitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>500X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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?	
22. I hereby certify that I attended the deceased from <u>Nov 1, 1953</u> , to <u>Apr 8, 1953</u> , that I last saw the deceased alive on <u>Apr 4, 1953</u> , and that death occurred at <u>7 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. J. Matthews MD</u> (Degree or title)	23b. ADDRESS <u>Beaufort Mo</u>	23c. DATE SIGNED <u>4-9-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 11 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cent.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>
DATE REC'D BY LOCAL REG. <u>April 9-1953</u>	REGISTRAR'S SIGNATURE <u>J. N. Cooper Jr 98</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. H. Temme</u> ADDRESS <u>Beaufort Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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.....

E. N. Jenne

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

E. N. Jenne

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.