

Health,
& Welfare
Public
Service

FILED APR 30 1957

STANDARD CERTIFICATE OF DEATH

14402
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6073 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Francois	
b. CITY (If outside County, give City or Township only) OR TOWN Bonne Terre, Rfd # I Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Bonne Terre 0940 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence Length of stay in 1b Life		d. STREET ADDRESS (If outside, give location) RFD#1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) James Francois Roux First Middle Last			4. DATE OF DEATH April 17, 1957 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 6, 1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 5 Days 11 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery	11. BIRTHPLACE (City and state or country) St. Francois County, Mo. USA		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Roux			14. MOTHER'S MAIDEN NAME Marie J. Whitt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Maude Roux Address Bonne Terre, Mo		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary tuberculosis, far advanced.		INTERVAL BETWEEN ONSET AND DEATH known 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Tuberculosis of larynx.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY: Hour _____ Month, Day, Year _____ a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/5/56 to 4/17/57 and last saw ^{her}him alive on 4/17/57
Death occurred at 11:45 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Jack Miller MD</i> (Degree or title)	22b. ADDRESS Bonne Terre, Mo.	22c. DATE SIGNED 4/23/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1957 April 21,	23c. NAME OF CEMETERY OR CREMATORY Bonne Terre Cem.	23d. LOCATION (City, town, or county) (State) Bonne Terre, Missouri.
24. FUNERAL DIRECTOR Home Sparks Funeral ADDRESS Bonne Terre, Mo.	25. DATE RECD. BY LOCAL REG. Apr. 23 1957	26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	

(Licensed Embolmer's Statement on Reverse Side)

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

289-0

APR 30 1951

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
Signature of Student Embalmer

Signed *Eugene Sparks*

Licensed Embalmer No. *42*

P. O. *Boone Lane*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.