

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023353

STATE FILE NUMBER

2 5553

FILED JUN 24 1959 Registration District No. Primary Registration District No. Registrar No.

S. 300  
v. 1-57

19  
292

|   |                           |   |   |
|---|---------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br>St. Louis, Mo.  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br>Masonic Home of Mo.                                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN<br>Louis.   |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN<br>St. Louis, Mo.                             |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION<br>Masonic Home of Mo.  |                           | Length of stay in lb<br>9/29/51 to 6/8/59   | d. STREET<br>ADDRESS<br>5351 Delmar                                 |
| 3. NAME OF DECEASED<br>(Type or print)<br>Mrs. Ollie Ruby Roupe   |                           | First<br>Middle<br>Last   | 4. DATE OF DEATH<br>Month Day Year<br>6 8 59                        |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>4/13/1882                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>housewife.   |                           | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday)<br>77                               |
| 11. BIRTHPLACE (City and state or country)<br>Missouri. Peculiar.   |                           | 12. CITIZEN OF WHAT COUNTRY?<br>USA.  |   |
| 13a. FATHER'S NAME<br>James Jones.  |                           | 13b. MOTHER'S MAIDEN NAME<br>Amanda Welborn.  | 14. NAME OF HUSBAND OR WIFE<br>Walter Roupe                         |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>NO  |                           | 16. SOCIAL SECURITY NO.<br>None   | 17. INFORMANT<br>Address<br>Masonic Home Of Mo. 5351 Delmar         |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Cerebral Hemorrhage<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized Arteriosclerosis<br>DUE TO (c) 331x<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                           |   | INTERVAL BETWEEN ONSET AND DEATH<br>1 week<br>Unknown               |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour a.m. Month, Day, Year 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, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                           |
| 21. I attended the deceased from 1/ 1956. to 6/8/59. and last saw her alive on 6/8/59.<br>Death occurred at 5.35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.  |                           |   |   |
| 22a. SIGNATURE<br>Harold E. Walters M.D.  |                           | 22b. ADDRESS<br>3720 Washington St. Louis Mo.   | 22c. DATE SIGNED<br>6-9-59  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal  | 23b. DATE<br>6-10-59      | 23c. NAME OF CEMETERY OR CREMATORY<br>Raymore Cemetery  | 23d. LOCATION (City, town, or county) (State)<br>Raymore, Missouri. |
| 24. FUNERAL DIRECTOR<br>Albert H. Hoppe, 4700 Washington Blvd.  |                           | 25. DATE RECD. BY LOCAL REG.<br>JUN 10 59   | 26. REGISTRAR'S SIGNATURE<br>Harold Smith, M.D.                     |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

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 *Elmo R. Cadwell*

Licensed Embalmer No. *4077*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.