

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022746

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1525

FILED MAY 27 1963

## 1. PLACE OF DEATH

a. COUNTY

Saint Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Normandy

Length of stay in 1b.

31 days

c. FULL NAME OF (If NOT in hospital, give location)

Normandy Osteopathic Hosp.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

Normandy

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS.

8730 Link Ave.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Theresa

Middle

ELIZABETH

Last

Rouse

## 4. DATE OF DEATH

Month

May

Day

9,

Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

2-3-1902

## 9. AGE (last birthday)

61

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

## 10b. KIND OF BUSINESS OR INDUSTRY

—

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U S A

## 13a. FATHER'S NAME

John Booth

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Lott

## 14. NAME OF HUSBAND OR WIFE

Late Claude E. Rouse

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT

Mr. Claude Rouse, 330 N. Florissant, 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)

Cardiac Arrest

## INTERVAL BETWEEN ONSET AND DEATH

Sec

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Coronary Insufficiency

yr

#### DUE TO (c)

Generalized Arteriosclerosis

yr

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Rheumatic Heart Disease & Acute Gastroenteritis

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 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 4/8/63 to 5-9-63 and last saw her alive on 5/12/63  
Death occurred at 7:15 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

William D. McNewman, M.D.

## 22b. ADDRESS

7011 Carmichael Clayton 5, Mo.

## 22c. DATE SIGNED

5-9-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

5/11/63

## 23c. NAME OF CEMETERY OR CREMATORY

Mount Lebanon Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.

## 25. DATE RECD. BY LOCAL REG.

5-9-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**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

*Robert E. Muhlerman*

Licensed Embalmer No. 4916

P. O. Address

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

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