

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

14206

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. 6937 PLATEAU AVE.)

File No.....  
Registered No. 3541  
St. .... Ward)

**2. FULL NAME** MARTIN M. ROWAN.

(a) Residence, No. 6937 PLATEAU AVE. St. 4 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MARGARET</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APR 18 1851</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>11</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>STEEL Worker.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Seubler-Steck Co.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>ABOUT 10 YEARS</u>	11. Total time (years) spent in this occupation <u>35</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IRELAND.</u>		
FATHER	13. NAME <u>Not KNOWN</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not KNOWN</u>	
MOTHER	15. MAIDEN NAME <u>Not KNOWN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not KNOWN.</u>	
17. INFORMANT (ADDRESS) <u>Mrs. MARY A. HAGERTY, 6937 PLATEAU AVE.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY CEM.</u> DATE <u>April 12, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Coyne Fun. Co. Inc. 7146 Manchester Ave.</u>		
20. FILED <u>FR 11 1932</u>		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1932  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to April 8, 1932  
I last saw him alive on April 8, 1932 Death is said to have occurred on the date stated above, at 2:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
936  
97  
162  
Date of onset 9/1/20  
Other contributory causes of importance:  
Arteriosclerosis  
Senility  
930  
930

Name of operation..... Date of.....  
What test confirmed diagnosis? All clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) J. Arthur Brennan M. D.  
(Address) 401 Hawtholdt Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH—RECORD

Registrar.

