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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

24815

1. PLACE OF DEATH
County St Louis — Registration District No. 791 1003 — File No.
Township — Primary Registration District No. — Registered No. 6986
City Maplewood (No. , St. Ward)

2. FULL NAME Louise T Rowe
(a) Residence, No. 7140 Lanham St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ~~single~~
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE about 80 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 1

FATHER
13. NAME Edw H Rowe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER
15. MAIDEN NAME Sarah Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs C. W. Fims 7140 Lanham
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefountain DATE July 28 1932
19. UNDERTAKER (ADDRESS) M H Marshall & Undertaking Co 604 Union
20. FILED JUL 27 1932 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 Wed, 1932
22. I HEREBY CERTIFY, That I attended deceased from July 16 — 1932 to July 27 — 1932
I last saw her alive on July 26 — 1932. Death is said to have occurred on the date stated above, at 9.50 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	
Duration about two years	
57A	
97	

Other contributory causes of importance:
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? 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) R Breech Murphy, M. D.
(Address) 6120 Victoria Ave