

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

Do not use this space.

**24602**

**1. PLACE OF DEATH**

County.....  
 Townshp.....  
 City St. Louis (No. 791)  
 Registration District No. 1003  
 Primary Registration District St. Louis City Hospital

File No.....  
 Registered No. 5992  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1407 Menard St. NB Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie Rowe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1877  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt 56 unknown

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping room  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labader  
 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) Mo

FATHER  
 13. NAME Edwin Rowe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER  
 15. MAIDEN NAME Mary Cutman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Effie Rowe  
 (ADDRESS) 1407 Menard

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre Mo DATE 7/9 1933

19. UNDERTAKER W. C. Maydell  
 (ADDRESS) 1926 Allen Gr.

20. FILED LL - 8 1933 J. A. Bredeck  
 Registrar.

**2020 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/6 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19.....  
 I last saw h..... alive on 145 19..... Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis with Hypertrophy  
 Date of onset 930  
920  
 Other contributory causes of importance: 95

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) J. A. Bredeck #  
 (Address) Deputy Coroner  
7/8/33

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.

