

MO JUN 9 1938

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

16404
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **St. Luke's Hospital** Registered No. **4265**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

William L. Rowles **420**
(a) Residence, No. **3931a McRee Ave.** St. **17**
(Usual place of abode, if no street address, write county or city) (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 **Mary Rowles**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 17, 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 **3** **20**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Real Est. Dealer**
9. Industry or business in which work was done, as 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) **Mo.**

FATHER 13. NAME **William Rowles**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Mrs. Mary Rowles**
3931a McRee Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **May 10, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Arthur J. Donnelly Undt.**
3840 Lindell Blvd.

20. FILED **MAY - 9 1938**
J. B. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 7, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Apr. 19** 1938 to **May 7** 1938
I last saw him alive on **May 7** 1938. Death is said to have occurred on the date stated above, at **8 PM.**

The principal cause of death and related causes of importance were as follows:

Brain tumor 55 d.
probable duration 2 yrs.
type of tumor undetermined

Other contributory causes of importance:
55 d.

Name of operation **Decompression** Date of **5-5-38**
What test confirmed diagnosis? **X-ray** 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? **no.**
If so, specify
(Signed) **R. J. Bassett**, M. D.
(Address) **5727 Delmar**

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.

leave em. Pick up pm.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. 2663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

_____ L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Alfred J. Boedeker
Licensed Embalmer No. 2663

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.)