E-7372

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30770

Registration District No. 1939 791

Primary Registration District No.

Registrar's No. 7833

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State 3017 Arlington County

(c) City or town St. Louis, Mo. 6
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Milliard Rowley

3. (b) If veteran, name war No

3. (c) Social Security No. 497-01-7078

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adele I. Rowley

6. (c) Age of ~~husband or~~ wife if alive 36 years

7. Birth date of deceased May 24th, 1906 (Month) (Day) (Year)

8. AGE: Years 33 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Texarkana, Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name Wm. E. Rowley
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Iva Hunter
15. Birthplace Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Adele Rowley

(b) Address 3017 Arlington Ave.

17. (a) Valhalla (Burial, cremation, or removal) (b) Date thereof Sept. 11th (Month) (Day) (Year) 1939

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Kraeger-Voss-Fix, Inc.

(b) Address 3402 N. Kingshighway

19. (a) 9-11-39 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8, year 1939 hour 3:25 minute P. M.

21. I hereby certify that I attended the deceased from August 24, 1939, to September 8, 1939; that I last saw him alive on September 8, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

(e) While at work? (f) Means of injury

23. Signature V. E. Friedewald (M. D. or other)

Address 1515 Lafayette. Date Signed 9/9/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 1 X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....1861.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.