

Registration District No. **791**

Primary Registration District No.

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.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Emma Rowley

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Isaac Rowley 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased April 10, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>2</u>	<u>18</u>	hr. _____ min.

9. Birthplace Mt. Olive, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER { 12. Name Martin Meyer
18. Birthplace Switzerland
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Louise Krehmeyer
15. Birthplace Edwardsville, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Kudermaun
(b) Address Belleville, Ill.

17. (a) Removal (b) Date thereof 6/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Belleville

18. (a) Signature of funeral director J. H. Zwick
(b) Address Belleville, Ill.

19. (a) JUN 30 1941 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
(c) City or town Belleville
(If outside city or town limits, write "RURAL")
(d) Street No. 3537 Summit Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1941 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 4-16-41
19____ to 6-28-41 19____;
that I last saw her alive on 6-28-41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum Duration 6 mo

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Rectum
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Geo. H. Kueser (M. D. or other) C. M. I.
Address 3617 Grand Square Date signed 6/28/41

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Ben. H. Balducci

Licensed Embalmer No. 2420

P.O. Address St. Louis, Ill.

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.