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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33359**
8314

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(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 St. Louis City Hospital #1 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution lmo. 5 days
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Mo. **000**

(a) State _____ (b) County _____

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

(d) Street No. 2621 N. Garrison
(If rural, give location)

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

3. (a) PRINT FULL NAME Joe Rowley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Nellie Rowley 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept. 9, 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>1</u>	<u>11</u>	<u>1</u>
				hr. _____ min.

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

10. Usual occupation Roofer

11. Industry or business _____

12. Name Franklin Rowley

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Cohagan

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Rowley

(b) Address 2621 N. Garrison

17. (a) Burial (b) Date thereof 10/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Sullivan

(b) Address 2849 N. Euclid

19. (a) OCT 20 1941 (b) J. F. Bredbeck
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20, year 1941 hour 9:10 minute _____ A. M.

21. I hereby certify that I attended the deceased from September 15, 1941 to October 20, 1941; that I last saw him alive on October 20, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction
Carcinoma of the rectum
Due to spermatogile of scrotum

Duration 7 days
9 mos
10 yrs

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 1st Carcinoma of rectum
2nd Small bowel obstruction
Obstruction relieved
Operative wounds

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)
Means of injury _____

23. Signature Frank L. [Signature] (M. D. or other) _____

Address 1515 Lafayette Avenue Date signed 10/20/41

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

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. 3077 working under my personal supervision.

Signed Al Mayfield
Licensed Embalmer No. 3077
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, fact should be so stated above.