

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 28 1942

Registrar's No.

4326

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days.
In this community _____
years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3523a Lawn Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th
year 1942 hour 4 minute 00P. M.
21. I hereby certify that I attended the deceased from May 14 1942 to May 15 1942
that I last saw him alive on May 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Hemorrhage
Duration 1/2 hr
1 hr

Due to Placenta Previa Praevia
(Central)

Other conditions (Include pregnancy within 3 months of death) None
Major findings: None
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) _____
(Specify means of injury) _____
23. Signature J. F. Bredebeck (M. D. or other)
Address 5417 N. Grand Blvd. Date signed 5/14/42

3. (a) PRINT FULL NAME MARIE C. ROWLAND
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Oscar D. Rowland
(c) Age of husband or wife if alive 37 years
7. Birth date of deceased June 6, 1912
(Month) (Day) (Year)

8. AGE: Years 29 Months 11 Days 9
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
At Home

10. Usual occupation _____

11. Industry or business _____

12. Name John L. Horras

13. Birthplace Germany
(State or foreign country)

14. Maiden name Julia Deumer

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

16. (a) Informant Oscar D. Rowland

(b) Address 3523a Lawn Ave.

17. (a) Burial (b) Date thereof 5/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newss. Peter & Pauline Cemetery

18. (a) Signature of funeral director Gelken - Berg Mortuary
(b) Address 2842 Meramec St.

19. (a) MAY 17 1942 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

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

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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.....Loron E. Percy.....
Licensed Embalmer No.....4094.....
P. O. Address.....2842 Meramec St......
St. Louis, Mo......

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.