S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

Registration District No. 757

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18859

Primary Registration District No. 3036

Registrar's No. 303

1. PLACE OF DEATH:

(a) County: St Charles

(b) City or town: St Charles City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 312 Adams St 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Charles

(c) City or town: St Charles 92
(If outside city or town limits, write "RURAL")

(d) Street No.: 312 Adams St 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: James Joseph Rowe

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Lue (Harrison) Rowe

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: December (Month) 16 (Day) 1868 (Year)

8. AGE: Years 73 Months 4 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace: St Louis (City, town, or county) Mo D (State or foreign country)

10. Usual occupation: Street Foreman

11. Industry or business: City Water Works

MOTHER FATHER

12. Name: Unknown Rowe

13. Birthplace: Unknown (City, town, or county) Ireland 4 (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant: Mrs. August Bloebaum

(b) Address: 312 Adams, St Charles, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 5-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: St Peters Cem., St. Charles, Mo.

18. (a) Signature of funeral director: N.C. Dallmeyer & Son Co

(b) Address: 801 N. Second, St Charles, Mo

19. (a) May 4, 1942 (Date received by local registrar) (b) Clarence J. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1942 hour 8 minute 05 A. M.

21. I hereby certify that I attended the deceased from May 7, 1942 to May 8, 1942 that I last saw h..... alive on ....., 19.....
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	Sudden
Due to: Coronary Heart Disease	?
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) Means of injury: 0

While at work?

23. Signature: [illegible] (M. D. or other)

Address: St Charles Mo Date signed 6-4-42

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(Licensed Embalmer's Statement on Reverse Side)

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 John E Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.