

FILED MAR 2 1943 318

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 1766

1. PLACE OF DEATH:

(a) County City of St. Louis  
(b) City or town  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5612 Pennsylvania Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town City of St. Louis 17  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 5612 Pennsylvania Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Edwin A. Roworth

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Pearl Roworth 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased. August 16, 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 4 If less than one day hr. min.

9. Birthplace New York /  
(City, town, or county) (State or foreign country)

10. Usual occupation Credit Manager

11. Industry or business Retired 9 Years

12. Name Joseph Roworth

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

14. Maiden name Mary Pangburn

15. Birthplace New York /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Roworth  
(b) Address 5612 Pennsylvania Ave.

17. (a) Cremation (b) Date thereof 2-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 So. Grand Blvd.

19. (a) Feb 23 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20  
year 1943 hour 6:00 minute A M.

21. I hereby certify that I attended the deceased from 3-3-38, 19... to 2/20/43, 19...  
that I last saw him alive on 2-19-43, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to .....

Due to .....

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 9/2

Of autopsy .....

Duration

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 J. F. Bredeck (M. D. or other) .....

Address 6065 So Grand Date signed 2/21/43

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

MOTHER FATHER

J. L. Ferris  
4065 So. Grand  
St. Louis, Mo. 63111

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..... *Virgil L. Berryman*.....  
..... Licensed Embalmer No..... *4018*.....  
..... P. O. Address..... *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.