

FILED DEC 22 1943  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
No. 3972 Humphrey  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9/6  
(d) Street No. 3972 Humphreys St.  
(If rural, give location) 3972  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Charles Joseph Rowden  
3. (b) If veteran, name war No  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 7  
year 1943 hour 8 minute P M.  
21. I hereby certify that I attended the deceased from Dec 2  
1943 to Dec 7 1943.  
that I last saw him alive on Dec 6 1943,  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White  
6. (a) Single, widowed, married, divorced      
6. (b) Name of husband or wife Ida Rowden  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 7 1898  
(Month) (Day) (Year)

Immediate cause of death Valvular Heart Disease  
Duration 7/40  
Due to \_\_\_\_\_  
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.

8. AGE: Years Months Days If less than one day  
45 11 0 hr. min.  
9. Birthplace De Soto Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Barber  
11. Industry or business \_\_\_\_\_  
12. Name Christ Rowden  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Theresa Sansoucie  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

MOTHER FATHER {  
16. (a) Informant Mrs. Daisy Burk  
(b) Address De Soto, Mo.  
17. (a) Burial (b) Date thereof 12-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation De Soto - Mo.  
18. (a) Signature of funeral director J. E. M. Burk  
(b) Address De Soto - Missouri  
19. (a) DEC 9 1943 (b) J. F. Budeth  
(Registered local embalmer) (Registrar's signature)

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 Paul A. Graw (M. D. or other)  
Address 2424 S. Gray Date signed 12/8/43

10853

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

Signed: *J. H. Molkhus*  
Licensed Embalmer No. *3531*  
P. O. Address. *Des Moines*

**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.**