

No. 2
4-2-43
5-17-39
X35697

FILED MAY 12 1945

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2804**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 weeks**
(Specify whether
In this community **34 yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Normandy**
(If outside city or town limits, write "RURAL") **NR.**
(d) Street No. **7009 Glenmore**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jennie M. Rowton**
(b) If veteran, name war **No**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **27th**
year **1945** hour **7:15** minute **P.** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced, **Widowed**
7. (b) Name of husband or wife **David M. Rowton** alive _____ years
8. (c) Age of husband or wife if _____ years

21. I hereby certify that I attended the deceased from **Apr 1** 19**45** to **Apr 27** 19**45**
that I last saw her alive on **Apr 27** 19**45**
and that death occurred on the date and hour stated above.

7. Birth date of deceased: **March 16, 1882**
(Month) (Day) (Year)

Immediate cause of death
Intracranial Pathology
Due to **Etiology undetermined**
Duration _____

8. AGE: Years **63** Months **1** Days **11** If less than one day
hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) **See 2**

9. Birthplace **Memphis, Tennessee** (City, town, or county) (State or foreign country)
10. Usual occupation **Housework**
11. Industry or business _____
12. Name **John Coplin**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. O. E. Troxler**
(b) Address **7009 Glenmore**
17. (a) **Burial** (b) Date thereof **Apr 30, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peters Cemetery**

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? _____

18. (a) Signature of funeral director **Calvin F. Feutz, Funeral Home**
(b) Address **4828 Natural Bridge Blvd**
19. (a) **106 90 1945** (Date received local registrar) **J. F. Brueck** (Registrar's signature)

Home while at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **Comstock** (M. D. or other) **MD**
Address **634 N. Grand** Date signed **4/28/45**

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

11-11
1/21 Street 12009

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 Ketter

Licensed Embalmer No. 3880

P. O. Address A. Lewis m

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.