

FILED JUL 7 1947

State File No. 2

Registration District No. 317

Primary Registration District No. 5063

Registrar's No. 1427

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Otto Rowden

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

4. Sex m 5. Color or race wh
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 5 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 1 21 hr. min.

9. Birthplace Miller Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Dairy Farmer

11. Industry or business Dairy Industry

12. Name Joe Rowden

13. Birthplace Miller Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Burns

15. Birthplace Plaskin Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) Burial (b) Date thereof 5/29/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iberia Mo

18. (a) Signature of funeral director Richard H. Hines

(b) Address Pacific Mo

19. (a) 7-3-47 (b) Richard H. Hines
(Data received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death crushing chest injuries and blood loss after being gored by a bull at Pevely Farm.

Due to _____

Due to 175 lb

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

Major findings: _____
Of operations _____
XXXXXXXX
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) Accident

(b) Date of occurrence: June 27, 1947.

(c) Where did injury occur? Crescent, Missouri.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Pevely Farm.

While at work? _____ (Specify type of place)
(a) Means of injury Blunt impact

Signature Donald J. Willmann Coroner 3
Address Clayton, Mo. Date signed 6/28/47

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

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..... *Jno L. Hughes*

Licensed Embalmer No. *3008*

P. O. Address..... *Pacific*

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.