No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28167

Registrar's No. 6963

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: St. L. State Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 5 Mos. (Specify whether years, months or days)
In this community 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 5400 Arsenal St. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 13
If yes, name country

3. (a) PRINT FULL NAME VIRGINIA ROWAN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 2
5. Color or race N
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm H. Rowan
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug. 7 (Month) (Day) 1876 (Year)

8. AGE: Years 71 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Cape Girardeau Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name — Morris
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Adeline Cheatham
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Clarence H. Wilson
(b) Address 4358 Cook ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters
18. (a) Signature of funeral director G. L. Beal Und. Co.
(b) Address 2726 Lugas Ave.
19. (a) AUG 9 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1948 hour 7.45 minute A M.
21. I hereby certify that I attended the deceased from April 21, 1947 to August 6, 1948; that I last saw her alive on August 6, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Arteriosclerosis	1947x.
Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy yes

PHYSICIAN — Underline the cause of 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)
While at work? (e) Means of injury 0

23. Signature Jack R. Kidalwan (M. D. or other)
Address 5400 Arsenal St. Date signed 8/6/48

Jefferson City Printing Co.

(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 Theodore J. Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Waymire

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.