

FILED FEB 23 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. 6758
1169
 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. LENGTH OF STAY (In this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>824 N. Elizabeth Ave.</u>							
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
			<u>Roy</u>		<u>H.</u>		<u>Towner</u>		<u>2/5/49</u>		
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min.	
<u>M</u>		<u>W</u>		<u>Married</u>		<u>Feb. 28, 1909</u>		<u>39</u>		<u>11 8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
<u>Sales Manager</u>				<u>Clothing</u>		<u>Dansville, N. Y.</u>			<u>U.S. A.</u>		
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
<u>Herbert E. Towner</u>				<u>Katherine Vackinger</u>				<u>Lynda H. Towner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS					
<u>No.</u>			<u>??</u>			<u>Lynda H. Towner Ferguson, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Septicemia</u>						<u>3 days</u>	
				ANTECEDENT CAUSES							
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer rectum</u> DUE TO (c) <u>Generalized Carcinomatosis</u>							
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.							
19. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?	
<u>Feb 2-49</u>				<u>154X H0</u>						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Feb 16, 1949</u> , to <u>Feb 5, 1949</u> , that I last saw the deceased alive on <u>Feb 5, 1949</u> , and that death occurred at <u>824 N. Elizabeth Ave.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title)						23b. ADDRESS			23c. DATE SIGNED		
<u>J. P. Beasley M.D.</u>						<u>3903 Olive St.</u>			<u>2/7/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)					
<u>Burial</u>		<u>2/8/49</u>		<u>Laurel Hill Gardens</u>		<u>St. Louis County, Mo.</u>					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS								
<u>FEB 7 1949</u>			<u>J. P. Beasley</u>			<u>White Funeral Home, Ferguson, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed L. M. White

Signed _____
Student Embalmer

Licensed Embalmer No. 3973

P. O. Address Terre Haute, Ind.

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.