

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 217417  
4980BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>999</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis 0</u>		c. LENGTH OF STAY (in this place) <u>16 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ziegler 11</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH</u>				d. STREET ADDRESS (If rural, give location) <u>NR 705 Bassett 2</u>				
3. NAME OF DECEASED (Type or Print) <u>Mary Jane SPOWART</u>			a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>SPOWART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-3-1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>5-8-1886</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>England 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Todd</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>ROBERT</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Spowart Ziegler Ill</u> ADDRESS <u>Ziegler Ill</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Plasma cell leukemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart - 20 years</u>					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) <u>1740</u> (STATE) <u>Ill</u>				
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? <u>203K</u>				
22. I hereby certify that I attended the deceased from <u>May 16</u> , 19 <u>49</u> , to <u>June 3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>June 3</u> , 19 <u>49</u> , and that death occurred at <u>1:25 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Rowland M. Kotner, M.D.</u>				23b. ADDRESS <u>508 N. Main St. Springfield</u>		23c. DATE SIGNED <u>6/6/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-5-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marion-200F Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>ZIEGLER ILLINOIS</u>		
DATE REC'D BY LOCAL REG. <u>JUN 8 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u> ADDRESS <u>4104 Manchester Ave.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0868

**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.

Student .....  
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address St Louis 10 Mo

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.