

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37450

State File No. ....

10904

FILED OCT 31 1952

BIRTH NO. _____		REG. DIST. NO. <u>36v</u>	PRIMARY REG. DIST. NO. <u>4531</u>	Registrar's No. <u>76</u>
1. PLACE OF DEATH a. COUNTY <u>WARREN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <u>Missouri</u> COUNTY <u>Warren</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARRENTON</u>	c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> MO		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KATIE JANE MEMORIAL</u>		d. STREET ADDRESS (If rural, give location) <u>2007</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>E</u> c. (Last) <u>ROWLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 18 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 22-1871</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>New York State</u>	
13a. FATHER'S NAME <u>AUGUST ROWLEY</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Ryan</u>		14. NAME OF HUSBAND OR WIFE <u>Iva H Rowley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FLOSSIE HINES 5709 Fenwick</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lower lip with metastasis to throat</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis &amp; arterosclerosis of aorta</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Smoking 140X</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>Sept 11, 1952</u> to <u>Oct 18, 1952</u> , that I last saw the deceased alive on <u>OCT-18, 1952</u> , and that death occurred at <u>5:20 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Maude Stulch</u>		23b. ADDRESS <u>Warrenton Mo</u>		23c. DATE SIGNED <u>10-18-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>10-21-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walchalla</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis County</u>
DATE REC'D BY LOCAL REG. <u>10-28-52</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wagner Fenwick 3462 Kingskne St. Louis Mo</u>

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

367317952

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

*Thomas R. Fenwick*

Licensed Embalmer No.

3793

P. O. Address

3402 N. Kingshighway

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.