

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2713

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond-Heights		c. CITY OR TOWN Richmond-Heights	
c. LENGTH OF STAY (in this place) 3 YRS		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7613 LOBELLA-AVE		e. STREET ADDRESS (If rural, give location) 7613 LOBELLA-AVE	

3. NAME OF DECEASED a. (First) GORDON b. (Middle) WILLIAM c. (Last) ROWLAN			4. DATE OF DEATH (Month) (Day) (Year) 11 22 54		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug-1-1895	9. AGE (in years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEL. LINEMAN		10b. KIND OF BUSINESS OR INDUSTRY TELEPHONE CO		11. BIRTHPLACE (City and State or Foreign Country) PULASKI - MO		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME John P. Rowlan		13b. MOTHER'S MAIDEN NAME ELLA-Thompson		14. NAME OF HUSBAND OR WIFE NELLIE-ROWLAN			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 188-10-3870		17. INFORMANT'S SIGNATURE OR NAME ADDRESS NELLIE-ROWLAN-7613 LOBELLA-AVE			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disease of the Coronary Arteries acute				INTERVAL BETWEEN ONSET AND DEATH Minutes	
		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. Duodenal Ulcer				One year	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 4201	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **3-17**, 19**54**, to **11-23**, 19**54**, that I last saw the deceased alive on **11-13**, 19**54**, and that death occurred at **3:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE E J McCall MD (Degree or title)		23b. ADDRESS Brentwood Mo		23c. DATE SIGNED 23/10/54	
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24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-24-54		24c. NAME OF CEMETERY OR CREMATORY LAUREL-HILL-GARDENS		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO MO	
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DATE REC'D BY LOCAL REG. 11/24/54		REGISTRAR'S SIGNATURE NEOPHILA A. AMBEM		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY-B-SMITH MAPLEWOOD-17-MO.	
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WRITE PLAINLY—USING UNEADING 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..

Student.....
Signature of Student Embalmer

Signed *W. A. Burgess*.....
Licensed Embalmer No. 402
P. O. Address *Maple*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**