

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1956

State File No. 2479

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <b>ST. CHARLES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>ST. CHARLES</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. CHARLES</b>		c. LENGTH OF STAY (in this place) <b>5 YRS</b>	c. CITY OR TOWN <b>ST. CHARLES</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HOSPITAL</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>115 BOONSLICK AV. 09230</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>	b. (Middle)	c. (Last) <b>ROWE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 25 1956</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 12, 1896</b>
9. AGE (in years last birthday) <b>59</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>13</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WATCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SAND CO</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SANDS, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>CHARLES ROWE</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET SEVERE</b>	14. NAME OF HUSBAND OR WIFE <b>EDNA PETERS ROWE</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>EDNA PETERS ROWE</b>	ADDRESS <b>ST. CHARLES, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thromboses</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		<b>5 yr</b>
	DUE TO (c) <b>332x</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>		<b>10 yr</b>	

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)
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 **Dec 20, 1955**, to **Jan 25, 1956**, that I last saw the deceased alive on **Jan 25, 1955**, and that death occurred at **4:45 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>William H Poppemeier MD</b>	23b. ADDRESS <b>200 Clay St Charles Mo</b>	23c. DATE SIGNED <b>Jan 26, 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>JAN. 28, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FEE FEE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>
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DATE REC'D BY LOCAL REG. <b>Jan 26 1956</b>	REGISTRAR'S SIGNATURE <b>Hannie Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. L. Prinster</b>	ADDRESS <b>St. Charles, Mo.</b>
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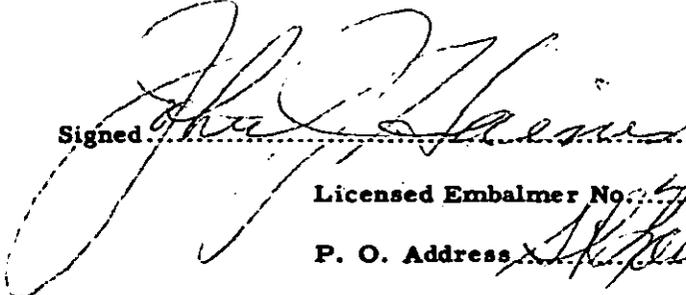
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 3 1950

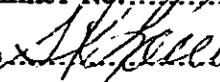
STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. 41

P. O. Address 

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.