

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015646
STATE FILE NUMBER
2 2895

300
1-57
19
73
0

MAY 1 1959 Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		c. CITY OR TOWN <i>ST LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. BAPTIST HOSPITAL</i>		d. STREET ADDRESS <i>4560A GRAVOIS</i>	
3. NAME OF DECEASED (Type or print) First <i>IDA</i> Middle <i>MARTHA</i> Last <i>ROWLAND</i>			4. DATE OF DEATH Month <i>MAR.</i> Day <i>20,</i> Year <i>1959</i>
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>SEPT. 15, 1892</i>
9. AGE (In years) <i>66</i> (In months) <i>0</i> (In days) <i>0</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <i>AT HOME</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>ST LOUIS Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>JOSEPH HOLZHAUER</i>	
13b. MOTHER'S MAIDEN NAME <i>ELIZABETH BOCHMANN</i>		14. NAME OF HUSBAND OR WIFE <i>DECEASED</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>492-22-4120</i>	17. INFORMANT <i>RUTH LENZ 10739</i> Address <i>YESSON FERRY</i>
18. CAUSE OF DEATH (Enter only one cause for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma Adeno Carcin</i> DUE TO (b) <i>Metastatic Epine and Siver</i> DUE TO (c) <i>170x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>4 mos</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>5/30</i> <i>1958</i> to <i>Mar 20 1959</i> and last saw her alive on <i>Mar 20 59</i> Death occurred _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>[Signature]</i> 22b. ADDRESS <i>[Address]</i> 22c. DATE SIGNED <i>3-21-59</i>	
23a. BURIAL, CREMATION, REMOVAL <i>REMOVAL</i>		23b. DATE <i>3/23/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SUNSET BURIAL PARK</i>
23d. LOCATION (City, town, or county) <i>AFFTON Mo</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 23 '59</i>	
24. FUNERAL DIRECTOR <i>J L LIEGENHEIN & SONS</i> ADDRESS <i>7027 GRAVOIS</i>		26. REGISTRAR'S SIGNATURE <i>Karl Smith. M.D.</i> <i>m. J. B.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *C. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Graves*

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.