

Registration District No. **318** Primary Registration District **1003** Registrar's No. _____

FILED NOV 8 1961

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital, Inc.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3226 Caroline St.				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Ephrim Middle Last Row						4. DATE OF DEATH October 20, 1961 Month Day Year							
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-12-1886		9. AGE (last birthday) 75		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr. Machinist				10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Pulaski County Ky.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Andrew J. Row				13b. MOTHER'S MAIDEN NAME Mary R. Heath				14. NAME OF HUSBAND OR WIFE Vesta B. Row					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)						17. INFORMANT Address Vesta B. Row 3226 Caroline							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalo malacia DUE TO (b) Left Cerebral thrombosis DUE TO (c) Arteriosclerosis 332X										INTERVAL BETWEEN ONSET AND DEATH 1 wk 2 wks			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 June 20, 1961 to October 20, 1961 last saw xx him alive on October 20, 1961 Death occurred at 2:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Leland G. Hosto (Deputy title)						22b. ADDRESS 1755 South Grand Ave.				22c. DATE SIGNED 10/21/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-23-61		23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.				23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri					
24. FUNERAL DIRECTOR McLaughlin Funeral Home ADDRESS City,						DATE REC'D. BY LOCAL REG. OCT 25 1961		24. REGISTRAR'S SIGNATURE Road Smith. M.D.					

