

33 JUL 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20500
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003
(c) City St. Louis or (d) Street No. 5295 Waterman Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 87 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Thomas J Rowe
(a) Residence, No. 5295 Waterman Ave. St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth A

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26th, 1851

7. AGE YEARS 87 MONTHS 11 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

FATHER 13. NAME David Rowe

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Fitzgerald

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Thomas J Rowe Jr. (ADDRESS) 5295 Waterman Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemt DATE 6/16/39

19. FUNERAL DIRECTOR Harrigan & Sheahan Und Co (ADDRESS) 4415 Washington Blvd.

20. FILED JUN 15 1939 J. B. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14/39

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1937, to June 14, 1939

I last saw him alive on June 13, 1939. Death is said to have occurred on the date stated above, at 4:30a.

The principal cause of death and related causes of importance were as follows:

Uremia
Hypostatic pneumonia (?) Unspecified 6/11/39

Other contributory causes of importance:
Cardiac disease, heart block, hypertension, chronic nephritis

Name of operation None Date of
What test confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No. Date of injury
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Raymond A. Spivy, M. D.
(Address) 3720 Washington

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARKED RESERVED FOR DIVING
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. N. 2.
DOM-9-1938
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*An Spencey
Blairmont, N.C. 28602
9/16/83*

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF HEALTH CARE REGULATION
DIVISION OF EMBALMERS
10010
10010
10010
10010
10010

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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed *Homer H. Fritz*
.....
..... Licensed Embalmer No. *3882*
.....
..... 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 this body is not embalmed, above space should be left blank.