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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16985

State File No. \_\_\_\_\_

791

1003

Registrar's No. 4463

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 3  
(If outside city or town limit write "RURAL")  
(d) Street No. 6708 Hancock Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18,  
year 1940 hour 8:50 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from April  
12, 1940, to May 18, 1940;  
that I last saw her alive on May 18, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral Thrombosis Duration 4 days  
Due to Hypertension \_\_\_\_\_ year  
arteriosclerosis \_\_\_\_\_ years  
Due to \_\_\_\_\_  
Other conditions Pagets Disease \_\_\_\_\_ year  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Walter Ford (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 5/18/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Lizzie Rowan 57A  
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Wm. P. Rowan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased January 16, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 4 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Milwaukee Wisconsin  
(City, town, or county) (State or foreign country)  
10. Usual occupation at home

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name John P. Wright 5  
18. Birthplace Ireland 5  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't Know  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Walsh  
(b) Address 6708 Hancock Ave.  
17. (a) Burial (b) Date thereon 5/21/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation S.S. Peter and Paul  
18. (a) Signature of funeral director Weick Bros. Und. Co.  
(b) Address 2201 S. Grand Bl.  
19. (a) MAY 20 1940 (b) J. F. Ford  
(Date received local registrar) (Signature)

**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

*Howard A. Rowland*

Licensed Embalmer No. *7649*

P. O. Address

*St. Louis, Mo*

**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.**