

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **345**
Registrar's No. **345**

JAN FEB 25 1941
Registration District No. **91**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2508 Howard St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Mr. Fred P. Rower**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **489-01-7586**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Ida Rower** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **March 31 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 **9** **9** _____ hr. _____ min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Brass Type moulder**
11. Industry or business **Mo. Brass Type Co.**

MOTHER FATHER
12. Name **Frederick Rower**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Charlotte Brickenkamp**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ida Rower**
(b) Address **2508 Howard St.**

17. (a) **Burial** (b) Date thereof **1-14-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peters Cem.**

18. (a) Signature of funeral director **Henry Seidner, Inc.**
(b) Address **2223 St. Louis Ave.**

19. (a) **JAN 13 1941** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **207**
(d) Street No. **2508 Howard St.** (If rural, give location) **9**
(e) If foreign born, how long in U. S. A. _____ years **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **10th**
year **1941** hour **11** minute **15** P.M.
21. I hereby certify that I attended the deceased from **Dec 22nd**
1940 to **January 10th, 1941**
that I last saw him alive on **Jan 10th**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Haemorrhage**
Due to **Malignant Hypertension**

Due to _____
Other conditions _____
(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 **0**
23. Signature **A. Bittenger** (M. D. or other)
Address **2745 N. Grand Blvd** Date signed **1-11-41**

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

#5

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 John P. Buckley
Licensed Embalmer No. 1674
P. O. Address 2283 St Louis

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, fact should be so stated above.