

Registration District No. 385

Primary Registration District No. 5537

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 years years, months or days

3. (a) PRINTED FULL NAME

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Rowlett
6. (c) Age of husband or wife if alive 91 years
7. Birth date of deceased (Month) Dec (Day) 11 (Year) 1855

8. AGE: Years 85 Months - Days 24 If less than one day hr. _____ min. _____

9. Birthplace Term 1 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name of father Joseph Sulzberger

13. Birthplace of father (City, town, or county) (State or foreign country) Term

14. Maiden name of mother _____

15. Birthplace of mother (City, town, or county) (State or foreign country) Term

16. (a) Informant Mrs. Joe Howell

(b) Address Mountain View Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director John J. ...

(b) Address St. Louis Mo

19. (a) 1-13-41 (Date received local registrar) (b) Rosette Ferguson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell Co
(c) City or town Mountain View Mo (If outside city or town limits write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1940 hour 8 minute 32 P. M.

21. I hereby certify that I attended the deceased from Jan 1st 1940 to Jan 4th 1941 that I last saw him alive on Jan 3rd 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Due to age

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy no

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? 315 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature J. E. Russell (M. D. or other) A
Address St. Louis Mo Date signed 1-26-41

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

46
00

RECEIVED

District Health Officer No. 5,

District File Number 241174

Date Filed

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 J. Amman

Licensed Embalmer No. 2576

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.