S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

K-30

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11949

FILED APR 9 1941

Registration District No. 184

Primary Registration District No. 101

Registrar's No. 569

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Ang O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ 4 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town St. Clair, Mo (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DORIS ROWLAND
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC. (Month) 17 (Day) 1923 (Year)

8. AGE: Years 17 Months 2 Days 23 If less than one day hr. min.

9. Birthplace WILLIAMSON Co. (City, town, or county) ILL (State or foreign country)
10. Usual occupation STUDENT
11. Industry or business
FATHER
12. Name WM. ROWLAND
13. Birthplace (City, town, or county) ILL (State or foreign country)
MOTHER
14. Maiden name ANNA JULENTE
15. Birthplace ~~ANA~~ (City, town, or county) ILL (State or foreign country)
16. (a) Informant WM. ROWLAND
(b) Address ST. CLAIR, MO.
17. (a) ~~BURIAL~~ (~~Burial, cremation, or~~ removal) (b) Date thereof MAR. 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation ST. CLAIR, MO.
18. (a) Signature of funeral director Cady & Lenox
(b) Address St. Clair, Mo.
19. (a) MAR 13 1941 (Date received local registrar) (b) T R Meyer (Registrar's signature)

B.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1941 hour 10:35 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death While riding as a passenger in an auto on a public highway that struck a concrete abutment. Duration

Due to Basal fracture of skull; Subarachnoid hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

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) Accident
(b) Date of occurrence March 9, 1941
(c) Where did injury occur? St. Louis County (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury Accident

23. Signature Lorris H Bopp (~~M. D. or other~~) Coroner
Address Kirkwood, Mo. 3/13/41 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 K. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St Clair 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, fact should be so stated above.