

Registration District No. 1942791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution:
5279 Waterman Ave.
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 124
(d) Street No. 5279 Waterman Ave. 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John F. Rowe

3. (b) If veteran, name war. 3. (c) Social Security No. 490-20-7342

4. Sex Male / 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sophie Rowe 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 13 1895 (Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 19 If less than one day hr. mic.

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

10. Usual occupation Trained Nurse

11. Industry or business For self

MOTHER FATHER { 12. Name Thomas A. Rowe
13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mary Madden
15. Birthplace Chicago Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Sophie Rowe (b) Address 5279 Waterman

17. (a) Burial (b) Date thereof MAR. 5-1942 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PK. Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Bldg.

19. (a) MAR 3 1942 (b) J. F. Medeck (c) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2 year 1942 hour 8 minute 30 A/M.

21. I hereby certify that I attended the deceased from 19... to 19...

that I last saw him alive on... and that death occurred on the day and hour stated above.

*Substantial Re-marriage of Deceas
suffered when the automobile which
he was driving collided with a
public service streetcar managed
by one Joseph Johnson in front
of about 5729 Waterman Blvd
about 3:05 pm 2/11/42*

Other conditions (Include diagnosis 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 as following:

(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 2/11/42
(c) Where did injury occur? at home
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public Place
(Specify type of place)
(M. D. or other) 3
23. Signature Alfred Perry
Address 1905 Union Bldg. Date signed 3/3/42

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

Warren A. Carver

Licensed Embalmer No.

3534

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, fact should be so stated above.