

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:
Deaconess Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 7466 Washington Avenue,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Infant Rowe

3. (b) If veteran, name war..... 3. (c) Social Security No. No.

4. Sex Male 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.....
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 3 hr. min.

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

10. Usual occupation None

11. Industry or business.....

12. Name Hobart Rowe

13. Birthplace New York City, N. Y.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Peaseley

15. Birthplace New York City, N. Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Hobart Rowe,

(b) Address 7466 Washington Ave.

17. (a) Cremation (b) Date thereof 7-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Road at Concordia Lane.

19. (a) JUL 14 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 13
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7-10-42
1942 to 7-13-42 1942
that I last saw him alive on 7/13/42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cereberial Hemorrhage

Due to Citrihero Blastosis Fetalis

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

Major findings: Of operations.....

Of autopsy yes given above diagnoses

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?
(Specify type of place)

While at work?.....
(Specify type of work) (Means of injury)

23. Signature Herry J. Gungo M. D. of State
Address Missouri Theatre Bldg. Date signed 7/14/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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17
9

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.....

Not Embalmed.

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1994

P. O. Address Clayton, Missouri.

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.