S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9406

State File No.

Registration District No. FILED MAR 27 1944 318 Primary Registration District No. 1003 Registrar's No. 2598

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:
Enroute City Hospital #1. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution For Examination Only (Specify whether
In this community 22 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Normandy
(If outside city or town limits, write "RURAL") 0

(d) Street No. 7639 Rosedale Ave. N.R.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Emmett Hines Rowell

3. (b) If veteran, name war World #1.

3. (c) Social Security No. 702-09-2239

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther W. Rowell

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March 11, 1889.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	5	hr. min.

9. Birthplace Topeka (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Claim Agent

11. Industry or business Illinois Terminal R.R.

FATHER
12. Name Asa Bridges Rowell
13. Birthplace Davis County, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lucinda Elizabeth Garrison
15. Birthplace Davis County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Esther Rowell
(b) Address 7639 Rosedale

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20, 1944. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME
(b) Address 4828 Natural Bridge B lvd.

19. (a) MAR 18 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1944 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 3-3, 1941 to 3-16, 1944
that I last saw him alive on 3-2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Coronary Thrombosis

Due to Myocarditis, Chronic

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other) MD
Address 9301 Natural Bridge Date signed 3-17-44

(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.....John A. Mlinar.....

Licensed Embalmer No.....4186.....

P. O. Address.....St Louis 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.