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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U.S. GOVERNMENT PRINTING OFFICE: 1946  
**FILED SEP 30 1946**  
STANDARD CERTIFICATE OF DEATH

State File No. **32161**  
Registrar's No. **8121**

Registration District No. **318** 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  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3710 Hereford  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Years  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** MAYME ROWLAND  
**3. (b) If veteran, name war** No. **3. (c) Social Security** No.  
**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Widowed  
**6. (b) Name of husband or wife** O. A. Rowland **6. (c) Age of husband or wife if alive** 17 1892  
**7. Birth date of deceased** Mar. 17 1892  
(Month) (Day) (Year)

**8. AGE:** Years 54 Months 6 Days 23 If less than one day hr. min.

**9. Birthplace** St. Louis Mo.  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Housewife  
**11. Industry or business** Own Home

**MOTHER FATHER**  
**12. Name** James E. Terney  
**13. Birthplace** St. Louis Mo.  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Amanda Begetzie  
**15. Birthplace** St. Louis Mo.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** John Terney  
**(b) Address** 3710 Hereford  
**17. (a) Burial** (b) Date thereof Sep 23 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park  
C. HOFFMEISTER COLONIAL MORTUARY  
**18. (a) Signature of funeral director**  
**(b) Address** 6464 Chippewa St.  
**19. (a) SEP 20 1946** (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Louis 000  
(c) City or town St. Louis 1417  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3710 Hereford  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Sept day 20th  
year 1946 hour 12 minute 25 A. M.  
**21. I hereby certify that I attended the deceased from** Sept 6 1946  
Sept 20 1946, to Sept 20 1946,  
that I last saw her alive on Sept 17 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Duration June 1946  
Carcinoma of Rectum Jan 6 1946  
(operated Feb 4 1946)  
Due to no  
Other conditions (include pregnancy within 3 months of death) no  
Major findings: Of operations no  
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) no  
(b) Date of occurrence no  
(c) Where did injury occur? no  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? no (Specify type of place) Means of injury no  
**23. Signature** Heinrich Terney (M. D. or other) M.D.  
Address 508 N. Grand Blvd. Date signed 9/22/46

Dr. Henry Thym  
Metropolitan Bldg.  
508 No. Grand Blvd.

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JAN 27 1947

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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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address. *7814 S. Broad*

**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.