S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40123
11136

FILED DEC 15 1947 318

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. .....

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

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis Mo x
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Infirmary Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/25/46 to 12/3/47 (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St 9
(If rural, give location) 0

(e) Citizen of foreign country? 13 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Harry Rowland

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Adelaide

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 13, 1879 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	5	20	..... hr. ..... min.

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

10. Usual occupation Confectionary Owner

11. Industry or business .....

FATHER
12. Name George Rowland
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Salina Corner
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) DEC 5-1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 3
year 1947 hour 5 minute 10P M.

21. I hereby certify that I attended the deceased from 1/1, 1947 to 12/3, 1947
that I last saw him alive on 12/3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration 12 hrs.

Due to arteriosclerotic heart disease with generalized arteriosclerosis — long duration

Due to senility

Other conditions (Include pregnancy within 3 months of death) several cerebral accidents - mild, old

Major findings:
Of operations .....

Of autopsy as above + cholelithiasis

PHYSICIAN
Underline the cause of 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 M. P. Shoney (M. D. or other)

Address 5600 Arsenal Date signed 12-4-47

Jefferson City Printing Co.

(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 Albert Mayfield

Licensed Embalmer No. 3077

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.