S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17984
4837

FILED JUN 7 1948

Registration District No. 818

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution De Paul Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Wellston 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 6240 Page Avenue. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Theresa A. Rowland.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed. 2
6. (b) Name of husband or wife George Rowland.
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased August 24, 1871.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	9	0	hr. min.

9. Birthplace Mills, Pennsylviana.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
FATHER
12. Name Arlie Badgers.
13. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Adelaide Phillips.
15. Birthplace Dont know. 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. M. Wade Rowland.
(b) Address 6340 Page Avenue.
17. (a) Burial (b) Date thereof 5-27-1948.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) MAY 26 1948 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th.
year 1948 hour 6 P.M. minute M.
21. I hereby certify that I attended the deceased from 1946 ~~May 24~~ 1948 to May 24 1948
that I last saw her alive on May 24 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthma.
Due to
Due to 95
Other conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

Duration

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) no
(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? no
(Specify type of place)
While at work? (e) Means of injury
23. Signature Q. W. McShane (M. D. or other) MS
Address 6125 Bartmer Ave. Date signed 5/25/48
Q. W. MCSHANE

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Q.W. McShane.
6125 Bartmer Avenue.
Hours 10 to 11 A.M.
Cabanny 5187

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St Louis

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.