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FILED OCT 30 1948 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34632
Registrar's No. 9122

Registration District No. 318 Primary Registration District No. 1003

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether years, months or days) 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2708 Gamble St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3: (a) PRINT FULL NAME Jake Leandra Rowland

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

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years 6 1869
7. Birth date of deceased August (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Union County N. Carolina (City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business

12. Name Henry Rowland

13. Birthplace unknown N. Carolina (City, town, or county) (State or foreign country)

14. Maiden name Mary Unknown

15. Birthplace unknown N. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant: Ardella Grimes

(b) Address 2708 Gamble St.

17. (a) Removal (b) Date thereof 10-23-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pine Bluff, Ark.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) OCT 21 1948 (b) J. B. Lasater (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21 year 1948 hour 12 minute 20 a M.

21. I hereby certify that I attended the deceased from Sept. 26 1948 to Oct. 21 1948; that I last saw him alive on Oct. 21 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate with Metastasis to Bladder; Urethral Stricture (bilateral) and Uremia. Duration Undet.

Due to

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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?

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

23. Signature Elias O. Purvis (M. D. or other)

Address 2601 N Whittier Date signed 10/21/48

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

MOTHER FATHER

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 Gulston E. Cullkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13 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.