

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41798**
Registrar's No. **11143**

FILED JAN 11 1949
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 _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4221 Delor St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Georgw Walter Rowbottom,

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

4. Sex Male, 1) 5. Color or race White, 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Anna Mary Rowbottom, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 29, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 11 24 hr. min.

9. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation Lather

11. Industry or business _____

12. Name William Rowbottom, Missouri,

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Sophia Dorcas,

15. Birthplace St. Louis, Missouri,
(City, town, or county) (State or foreign country)

16. (a) Informant Walter George Rowbottom,

(b) Address 9314 Radio Dr., Affton, Mo.

17. (a) Burial, (b) Date thereof 12/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary.

(b) Address 2842 Meramec St.,

19. (a) DEC 24 1948 (b) J.B. Kasate
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County San
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4221 Delor St.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd
year 1948 hour 10:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from June 17, 1948 to Sept 30, 1948
that I last saw him alive on Sept 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy,
Due to Hypertension

Due to Myocarditis

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

Major findings: _____
Of operations _____

Of autopsy _____

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 John C. Powell (M. D. or other) MO
Address 15005 GRAVOLI'S Date signed 12-27-48

Duration

Subacute

2 yrs

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Loren E. Tracy
Licensed Embalmer No. 4094
2842 Meramec St.,
P. O. Address..... St. Louis, 18, 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.