

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43133**

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

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>5063</b>		Registrar's No. <b>04673</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. LENGTH OF STAY (In this place) <b>45</b> OR <b>96</b> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>15 Crestwood Drive</b>				d. STREET ADDRESS (If rural, give location) <b>15 Crestwood Drive</b>			
3. NAME OF DECEASED (Type or Print) <b>Coleen</b>		a. (First)		b. (Middle) <b>Wrape</b>		c. (Last) <b>Rowan</b>	
4. DATE OF DEATH <b>Dec. 12, 1949</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>August 13, 1896</b>		9. AGE (In years last birthday) <b>53</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Paragould, Arkansas</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry J. Wrape</b>		13b. MOTHER'S MAIDEN NAME <b>Lillian Koehler</b>		14. NAME OF HUSBAND OR WIFE <b>M. Edward Rowan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>M. Edward Rowan 15 Crestwood Drive</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probable pulmonary embolism</b> INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive heart failure</b> <b>Many months</b> DUE TO (c) <b>Arteriosclerotic heart disease?</b> <b>many years</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>416X</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1929</b> , 19, to <b>Dec 12</b> , 1949, that I last saw the deceased alive on <b>Dec 11</b> , 1949, and that death occurred at <b>1:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Drew Luten MD</b>		23b. ADDRESS <b>St. Louis, Mo</b>		23c. DATE SIGNED <b>12-13-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 14, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>12-13-49</b>		REGISTRAR'S SIGNATURE <b>Herbert M. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. Lupton &amp; Sons 7233 Delmar Blvd.</b>			

FEB 16 1961

MS APR 28 1960

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Arnold W. Schoene

Signed .....  
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.