

No. 300
10. 48

FILED SEP 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 28970

BIRTH NO. REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2056

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy c. LENGTH OF STAY (In this place) 8 months

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arbor Terrace 4150

d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nursing Home

d. STREET ADDRESS (If rural, give location) 3741 Avondale Avenue 0

3. NAME OF DECEASED
a. (First) James b. (Middle) H. c. (Last) Rowland

4. DATE OF DEATH (Month) (Day) (Year) August 26, 1950

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH June 13, 1865

9. AGE (In years) (last birthday) 85

IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alexander Rowland

13b. MOTHER'S MAIDEN NAME Catherine Conlen

14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Virginia McNiff, 3741 Avondale Ave.,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-vascular disease
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS 1) Bilateral Complete inguinal hernia 2) Rectal prolapse, 3) Pulmonary emphysema

INTERVAL BETWEEN ONSET AND DEATH 3 months
5 years

19a. DATE OF OPERATION 8/22

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14, 1949, to Aug 26, 1950, that I last saw the deceased alive on Aug 22, 1950, and that death occurred at 5:00a. m., from the causes and on the date stated above.

23a. SIGNATURE Lewis Lottmann MD (Degree or title)

23b. ADDRESS 8231 Clayton Road.

23c. DATE SIGNED 8/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE August 30, 1950.

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 8-28-50

REGISTRAR'S SIGNATURE Herbert R. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave.

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

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No.

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.