

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14666**
Registrar's No. **3758**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. Louis**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. Louis 2179**

d. FULL NAME OF HOSPITAL OR INSTITUTION **3106 Allen Ave.**

e. STREET ADDRESS (If rural, give location) **3106 Allen Ave.**

3. NAME OF DECEASED (Type or Print)
a. (First) **James** b. (Middle) _____ c. (Last) **Rowe**

4. DATE OF DEATH (Month) (Day) (Year) **Apr. 20, 1951**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Nov. 6, 1863**

9. AGE (In years last birthday) **87**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 2 HRS. Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY **Retired**

11. BIRTHPLACE (State or foreign country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Noah Rowe**

13b. MOTHER'S MAIDEN NAME **Myrna Harrington**

14. NAME OF HUSBAND OR WIFE **Emma Rowe**

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 **Francis A. Doyen 3106 Allen 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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arterio Sclerotic Heart Disease**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Arterio &clerosis**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 year
1 year

19a. DATE OF OPERATION

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) (Min.)

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

21f. HOW DID INJURY OCCUR? **H200**

22. I hereby certify that I attended the deceased from **April 5, 1951**, to **April 20, 1951**, that I last saw the deceased alive on **April 20, 1951**, and that death occurred at **7 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J. M. Ginnis M.D.**

23b. ADDRESS **16 Hampton Village Road**

23c. DATE SIGNED **4-21-51**

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

24b. DATE **4-23-51**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cem.**

24d. LOCATION (City, town, or county) (State) **ST. Louis, County**

DATE REC'D BY LOCAL REG. **APR 22 1951**

REGISTRAR'S SIGNATURE **J. B. Tarter**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **With Bros. L. & U. Co. 2929 S. Jefferson**

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.

Student Embalmer No.

Signed

J. M. Davis

Signed.....

Student Embalmer

Licensed Embalmer No. *3741*

P. O. Address *2929 So. Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.