

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2719

No. 300
10.48

FILED APR 12 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's 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	
c. LENGTH OF STAY (In this place) 25 yrs		d. STREET ADDRESS (If rural, give location) 3408 Lawton Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. STREET ADDRESS 3408 Lawton Avenue	

3. NAME OF DECEASED (Type or Print) Lafayette Rowan			4. DATE OF DEATH (Month) (Day) (Year) March 17 1952		
5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Abt. 1902	9. AGE (In years last birthday) Abt. 50	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pullman Porter		10b. KIND OF BUSINESS OR INDUSTRY The Pullman Co		11. BIRTHPLACE (State or foreign country) Vicksburg, Miss	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME J. C. Rowan	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ernestine Rowan
--------------------------------	-----------------------------------	---

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. 489-01-6168	17. INFORMANT'S SIGNATURE OR NAME Ernestine Rowan, 3446 Pine Street,	ADDRESS
---	-------------------------------------	--	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Undet
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Pulmonary Carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 163X
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 11-5-1951 to 3-17-52, 1952, that I last saw the deceased alive on 3-17-1952, and that death occurred at 11:45pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lawrence W. Harris, D.O.	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 3-19-52
---	---------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 3/23/52	24c. NAME OF CEMETERY OR CREMATORY Booker T. Washington Cem	24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.
---	-------------------	---	--

DATE REC'D BY LOCAL REG. MAR 22 1952	REGISTRAR'S SIGNATURE Earl Smith md	25. FUNERAL DIRECTOR'S SIGNATURE R. M. C. Green, 3517 Laclede Avenue.	ADDRESS
--------------------------------------	-------------------------------------	---	---------

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 _____

Melvin E. Green

Signed

Student Embalmer

Licensed Embalmer No. 4428

P. O. Address St. Louis

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.