

FILED MAY 1 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14732
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3770

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

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>2.099</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		d. STREET ADDRESS (If rural, give location) <u>4350 N. PRAIRIE AVENUE</u>	
3. NAME OF DECEASED a. (First) <u>MINNIE</u>		b. (Middle) <u>ROWE</u>	
c. (Last) <u>ROWE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 20, 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCTOBER 15, 1886</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>OK.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>CHARLES LEMKE</u>		13b. MOTHER'S MAIDEN NAME <u>U.K.</u>	14. NAME OF HUSBAND OR WIFE <u>HAROLD ROWE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>HAROLD ROWE, 4350 N. PRAIRIE</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus, sagul pits</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>01</u>		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? <u>170X</u>	
22. I hereby certify that I attended the deceased from <u>11-19-51</u> , 19 <u>51</u> , to <u>4-20-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-20-52</u> , 19 <u>52</u> , and that death occurred at <u>6:05A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Roberts Thomas M.D.</u>		23b. ADDRESS <u>1515 Lafayette Avenue</u>	
23c. DATE SIGNED <u>4-21-52</u>		24. NAME OF CEMETERY OR CREMATORY <u>NEW BETHLEHEM CEMETERY</u>	
24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-23-52</u>	
24c. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.A. STOCK</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H.A. STOCK</u>		ADDRESS <u>217 EAST GRAND</u>	
DATE REC'D BY LOCAL REG. <u>APR 22 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.