

REC'D JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26279

State File No. 6086  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 212		PRIMARY REG. DIST. 1002		Registrar's No. 6086			
1. PLACE OF DEATH a. COUNTY Missouri				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. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital				d. STREET ADDRESS (If rural, give location) 12 5351 Delmar					
3. NAME OF DECEASED (Type or Print) Elizabeth			a. (First)		b. (Middle) Rowan		c. (Last)		
4. DATE OF DEATH		(Month) 6-		(Day) 28		(Year) 1952			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 6-14-1872			
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired office worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Fred Rowan		13b. MOTHER'S MAIDEN NAME Lucinda Marshall Haskell		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 Masonic Home of Missouri, 5351 Delmar Lewis C. Robertson Supt.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.  ANTECEDENT CAUSES Hypertension 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.				INTERVAL BETWEEN ONSET AND DEATH 3 days 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR 331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from 5-4-1942 to 6-28-1952, that I last saw the deceased alive on 6-28, 1952, and that death occurred at 7:40 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Lewis C. Robertson</i>				23b. ADDRESS 508 N. Grand Ave.,		23c. DATE SIGNED 6-28-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-28-52		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Linn, Missouri.			
DATE REC'D BY LOCAL REG. JUN 28 1952		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington					

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No. *3749*

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.