

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025122

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6145**

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 2 1962**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>St. Louis</b>		Length of stay in lb <b>12yrs</b>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City Hospital #1</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1101 Peabody Ct.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Edgar E. Rowe</b>		4. DATE OF DEATH Month Day Year <b>June 20 1962</b>	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>21 April 1872</b>	9. AGE (last birthday) <b>90</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>United Machinery</b>		11. BIRTHPLACE (City and state or country) <b>England</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>

13a. FATHER'S NAME <b>Robert Rowe</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Lang</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Anna Rowe</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. ANNA Rowe 1101 Peabody Ct. St. Louis</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio Sclerotic heart Disease;</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Generalized Arterio Sclerosis; Fracture of Left hip</b>		
DUE TO (c) <b>Suffered in fall at home on June 14, 1962.</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>accident</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <b>9040-21</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>See above</b>
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20c. TIME OF INJURY Hour Month, Day, Year <b>6-16-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo</b>	COUNTY	STATE
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ **5** A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Paul Simon Deputy Coroner</b>	22b. ADDRESS <b>1308 Clark</b>	22c. DATE SIGNED <b>6/20/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Rail)</b>	23b. DATE <b>June 20 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Emblem</b>	23d. LOCATION (City, town, or county) <b>Elmhurst, Ill.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>A.G. Donnelly 3840 Kundell</b>	25. DATE RECD. BY LOCAL REG. <b>JUN 20 1962</b>	26. REGISTRAR'S SIGNATURE <b>Loard Smith. M.D.</b>
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**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 \_\_\_\_\_

Signature of Student Embalmer

Signed

*Francis Hallomson*

Licensed Embalmer No.

*3565*

P. O. Address

*3840 Laidlaw*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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