

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10543

**1. PLACE OF DEATH**

County..... Registration District No. 731  
 Townshp. St. Louis Primary Registration District No. 1008  
 City, St. Louis (No. #3806, Delmar Blvd. St. Delmar Blvd. Ward)

File No. ....  
 Registered No. 2531

**2. FULL NAME**

(a) Residence, No. # 3806 Delmar Blvd. Ward. 19  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Silas C. Vandeventer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
89. 9. 26

8. OCCUPATION OF DECEASED at home  
 (a) Trade, profession, or particular kind of work. at home  
 (b) General nature of industry, business, or establishment in which employed (or employer) 16  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Isles of Man  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Cowell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Isles of Man  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cleanor Lowney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Isle of Man  
 (STATE OR COUNTRY)

14. INFORMANT Maudie O. Johnson  
 (Address) #3806 Delmar Blvd.

15. FILED 19 May C. Starkey REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1927, to Mar 11 1930, that I last saw her alive on Mar 11 1930, and that death occurred, on the date stated above, at 1:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

chronic myocarditis  
epithelioma of chest

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) scrophly  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
 IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WHAT TEST CONFIRMED DIAGNOSIS clinical  
 (Signed) C. Starkey M. D.

3/12/1930 (Address) 765 Michigan

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Reliefontaine Cem DATE OF BURIAL 3-13-1930

20. UNDERTAKER P. R. Rupton ADDRESS 4449

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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#7605 Michigan Ave.  
2-3.