

REC'D APR 11 1938

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

9124

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Firmin Desloge Hosp.** Registered No. **2713**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Dora Sowers 620
(a) Residence, No. **4711 Virginia Ave.** St. **15**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Seth Ely Sowers**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 7th, 1903**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 11 13
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House-work**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**
FATHER 13. NAME **William Stanton**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**
MOTHER 15. MAIDEN NAME **Ella Gamache**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St., Louis Mo.**
17. INFORMANT (ADDRESS) **Seth Ely Sowers 4711 Virginia Ave.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Mch. 23rd, 38**
19. FUNERAL DIRECTOR (ADDRESS) **William Schumacher 3013 Meramec Street**
20. FILE NO. **MAR 21 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-20, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **3-15, 1938** to **3-20, 1938**
I last saw h. **ER** alive on **3-20, 1938**. Death is said to have occurred on the date stated above, at **3:05 p.m.**
The principal cause of death and related causes of importance were as follows:
SPINAL CORD TUMOR, Date of onset 2 YRS
Benign Acute cystitis et tubal Pyelonephrosis non calculous Gangrene lung due to asper - Culture of romptus
Other contributory causes of importance:
Acute CYSTITIS, PYELO NEPHROSIS + Uræmia 3-15
GANGRENE LUNG 3-16?
Name of operation **LAMINECTOMY** Date of **2-26-38**
What test confirmed diagnosis? **OPERATION** Was there an autopsy? **YES**
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **E. R. Gish**, M. D.
(Address) **1325 S Grand**

STATEMENT BY LICENSED EMBALMER

I, Clarence J. Rochow....., Licensed Embalmer No. 3093

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Clarence J. Rochow

Licensed Embalmer No. 3093

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.)