

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

1 JUN 15 1940

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

4392

1. PLACE OF DEATH:

(a) County St. Louis. /
 (b) City or town St. Louis, Mo.
 (c) Name of hospital or institution: City Infirmary.
 (If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution April 11, 1940
Life. (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME

Josephine Eowe.3. (b) If veteran, name war None3. (c) Social Security No. None4. Sex Female5. Color or race White6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 16, 1869
(Month) (Day) (Year)

8. AGE:

Years 70Months 6Days 0

If less than one day

hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation No Occupation11. Industry or business X

MOTHER FATHER

12. Name Herman Eowe13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Mary Schlange15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature E. M. Long(b) Address 5800 Arsenal St.17. (a) Burial
(Burial, cremation, or removal)(b) Date thereof 5-18-1940
(Month) (Day) (Year)(c) Place: burial or cremation Calvary18. (a) Signature of funeral director Arthur J. Donnell(b) Address 3840 Lindell Blvd.19. (a) MAY 17 1940
(Date received local registrar)

(b) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis.(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")(d) Street No. 2235 Thurman Ave.
(If rural, give location) American.

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16,
year 1940 hour 2:20 minute _____ a. M.21. I hereby certify that I attended the deceased from April
11, 1940, to May 16, 1940,
that I last saw her alive on May 16, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Regenerative Heart Disease.Due to Arteriosclerosis.Due to Chronic myocarditis.Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations None.Of autopsy None.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature James V. [unclear] (M. D. or other)Address 5600 Arsenal St. Date signed 5-16-40

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 _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed William Matre

Licensed Embalmer No. 2825

P. O. Address 4348 Lafayette

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, above space should be left blank.