

No. 2
4-13-40
5-17-39
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FILED JUN 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16274
Registrar's No. 3792

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3876 Fairview Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
44 years (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 16
(c) City or town St. Louis 0017
(If outside city or town limits, write "RURAL")
(d) Street No. 3876 Fairview
(If rural, give location)
(e) Foreign born, how long in U.S.A? _____ years

3. (a) PRINT FULL NAME Joseph A. Mowry

3. (b) If veteran, name war --- 3. (c) Social Security No. 335-10-5285

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Mowry 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased February 5, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 8 hr. min.

9. Birthplace Defiance / Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Foreman American Steel Foundry

11. Industry or business Granite City, Ill.

MOTHER FATHER { 12. Name William Mowry
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mary Mowry

(b) Address 3876 Fairview Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/41
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Wacker-Welder
(b) Address 2331 S. Broadway

19. (a) MAY 4 1941 (Date received local registrar) (b) J. P. Bruck (Registrar's signature)

20. DATE OF DEATH: Month May day 1
year 1941 hour 3 minute 45 p.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Acute Appendicitis
Due to _____

Due to _____
Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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 2
23. Signature Thomas F. Callan (M.D. or other)
Address Deputy Coroner Date signed 5/6/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2178

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.