

FILED MAR 17 1942

Primary Registration District No. 1003

Registrar's No.

1526

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4316 Delmar Blvd.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Ella Agatha Cowhey

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced. S. (C)  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased Aug. 22nd., 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	6	0	hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business.....

MOTHER FATHER { 12. Name John Cowhey  
 13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Tyrrell  
 15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Edward L. Cowhey

(b) Address 4316 Delmar Blvd.

17. (a) Burial (b) Date thereof 2-25-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Honnelly

(b) Address 3840 Lindell Blvd.

19. (a) FEB 21 1942 (b) J. F. Bredeck  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 19 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4316 Delmar Blvd.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22 nd. year 1942 hour 2 minute 45 a. M.

21. I hereby certify that I attended the deceased from Feb. 5 1942 to Feb. 22 1942 that I last saw her alive on Feb. 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration Chronic  
 Due to Arterio-sclerosis  
Hypertension  
Cerebral hemorrhage 2 yrs. ago  
Primary dementia 1 1/2 yrs. ago  
 Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: W. J. G.  
 Of operations.....  
 Of autopsy.....

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?  
(Specify type of place)  
 While at work..... (e) Means of injury.....  
 23. Signature W. J. G. (M. D. or other).....  
 Address 460 Maryland Date signed 2-23-42

J. L. Jennings  
4660 Maryland Ave.

12-230P

5924

~~W. Van Matre~~

**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 W Van Matre  
Licensed Embalmer No. 2825  
P. O. Address 4340 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, fact should be so stated above.**