

FILED APR 13 1942

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2898**

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

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:
City Sanitarium
(If not in hospital or institution, write street number or location) **4**
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **13000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **City Sanitarium--5300 Arsenal**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Queenie Cowick**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **John Cowick** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept, 20th 1877**
(Month) (Day) (Year)

8. AGE: Years **64** Months **6** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**
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 **Walter Cowick**
(b) Address **5730 Acme Ave**

17. (a) **Burial** (b) Date thereof **4/2/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Stroot - Carroll**
(b) Address **4600 Natural Bridge Ave**

19. (a) **MAR 21 1942** (b) **J. F. Orsedek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30th**
year **1942** hour **11** minute **20a** M.

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

Immediate cause of death **Chronic myocarditis**
fracture of left hip resulting in
paralysis of right leg when deceased
fell from the floor in the
laboratory at the City Sanitarium
March 11, 1942 about
4:45 pm.

Other conditions (include pregnancy within 3 months of death) _____

Major findings: **186a**
Of operations **16**
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) **Accident**
(b) Date of occurrence **Mar 16 1942**
(c) Where did injury occur? **St. Louis**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
17 public place

While at work? **no** (Specify type of place) (e) Means of injury **falling**

23. Signature **Alfred Mary** (M. D. or other) _____
Address _____ Date signed **3/31/42**

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.....

J.H. Shurtz

Licensed Embalmer No.....

2265

P. O. Address.....

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.