No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1944 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20300

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 5461

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:
908 Aubert Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 908 Aubert Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lovell J. Sowles

3. (b) If veteran, name war No

3. (c) Social Security No. 488-02-2413

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Raymond Franklin Sowles

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Aug. (Month) 2 (Day) 1887 (Year)

8. AGE: Years 56 Months 10 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Urbana (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Unknown

FATHER
12. Name Wm. S. Sowles
13. Birthplace Urbana (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Ziate Ida Beyer
15. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Raymond F. Sowles
(b) Address 908 Aubert Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington, 8.

19. (a) JUN 1 1944 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16 year 44 hour 3 minute 20 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.

Duration

Immediate cause of death
Chronic Myocarditis
Chronic Interstitial Nephritis
Due to
Due to
Other conditions
(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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Lexington Date signed 6/17/44

(Licensed Embalmer's Statement on Reverse Side)

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 Philip M. Lessing

Licensed Embalmer No. 3281

P. O. Address 4468 Washington Blvd. 8

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.