V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 3 1945

State File No. 21795

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6359

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3948 Lafayette Av. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 917

(d) Street No. 3948 Lafayette Av. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martin Cowell

3. (b) If veteran, name war No

3. (c) Social Security 708 14 2747

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Unknown (Month) Abt (Day) 1875 (Year)

8. AGE: Years About 70 Months Unknown Days If less than one day hr. min.

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country) 0

10. Usual occupation Switchman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Emma Cowell

(b) Address 3948 Lafayette Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/45 (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter&Paul

18. (a) Signature of funeral director Wm C Mozdell

(b) Address L926 Allen Av.

19. (a) JUL 23 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 13, 1944 to July 20, 1945; that I last saw him alive on July 20 - 45, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Chronic myocarditis

Due to

Due to 93

Other conditions Chronic arteriosclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

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) none

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no injuries (Specify type of place)

While at work? (e) Means of injury none

23. Signature [illegible] (M.D. or other)

Address 2739 N Grand Date signed 7-22-45

(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. Benj. L. Duncan

Licensed Embalmer No. 2272

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.