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**FILED JUN 16 1947**  
377

Registration District No. \_\_\_\_\_

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Berkeley**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Berkeley Dr. at Airport Rd. /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community **5 weeks**  
years, months or days

3. (a) PRINT FULL NAME **Josie A. Sowders**

3. (b) If veteran, name war **---**

3. (c) Social Security No. **---**

4. Sex **F** | 5. Color or race **W**

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

6. (b) Name of husband or wife **William A. Sowders**

6. (c) Age of husband or wife if alive **76** years

7. Birth date of deceased **Aug. 8 1874**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **30** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Housewife**

11. Industry or business **----**

MOTHER FATHER { 12. Name **Richard Martin**

13. Birthplace **Mississippi**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth McKay**

15. Birthplace **Mississippi**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jesse Sowders**

(b) Address **Berkeley, Missouri**

17. (a) **Burial** (b) Date thereof **6/10/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **White Funeral Home**

(b) Address **Perason, Missouri**

19. (a) **6-12-47** (b) **Gene A. J. Shapley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Berkeley**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Berkeley Dr. & Airport Rd.**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**  
year **1947** hour **4** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 15**, 1947, to **June 7**, 1947;  
that I last saw her alive on **June 6**, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis (Chronic)**

Due to **Hypertension** **93d**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

3. Signature **C. E. Sterling** (M. D. or other) **MD**

Address **2550 North 1 South Rd** Date signed **9 June 47**

St Louis #147MO

JUN 30 1947

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 L. M. White  
Licensed Embalmer No. 3973  
P. O. Address Ferguson, 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.