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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22691

Registration District No. 918 Primary Registration District No. 1003 Registrar's No. 6353

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: 5660 Kingsbury
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5660 Kingsbury 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RALPH C. STOWELL

3. (b) If veteran, name war None

3. (c) Social Security No. 496-18-9851

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ann Stowell

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February 15, 1882 (Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Elmira (City, town, or county) New York (State or foreign country)

10. Usual occupation Asst Manager, Retired 2 years

11. Industry or business Kenrick Square Apartments

FATHER
12. Name Rufus R. Stowell
13. Birthplace Elmira (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Mary Ann Breese
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ann Stowell
(b) Address 5660 Kingsbury Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.

19. (a) JUL 3 1947 (Date received local registrar) (b) J. F. Breese (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2, 1947
year 6 hour 50 minute P M.

21. I hereby certify that I attended the deceased from July 1 — 19 47 to July 3 — 19 47
that I last saw h. alive on July 31 — 19 47
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Loco-motor ataxia	2 yrs
Due to Chronic Bronchiectasis	2 yrs
Due to Chronic Hiccough	2 yrs
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations — 30	
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 H. S. Gaendorck (M. D. or Other)
Address 4340 W Pine Blvd Date signed 7-3-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. G. J. Raemdonck
4390 West Pine
12-1

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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.