

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHNational Office of Vital Statistics
FILED SEP 13 1948State File No. 27611
Registrar's No. 7666

Registration District No. 318

Primary Registration District No. 1003

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:
4044 Cleveland
(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)

3. (a) PRINT

FULL NAME..... Edna M. Cowell

3. (b) If veteran,

name war..... None

3. (c) Social Security No.

4. Sex..... Female / 5. Color or race..... White / 6. (a) Single, widowed, married, divorced..... Married /

6. (b) Name of husband or wife..... Edw. J. Cowell / 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... July 28, 1888
(Month) (Day) (Year)

8. AGE: Years..... Months..... Days..... If less than one day
60 1 2 ..hr. min.

9. Birthplace..... Hecker / Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business..... At Home

12. Name..... Frank Luter /

13. Birthplace..... Hecker / Ill. /
(City, town, or county) (State or foreign country)

14. Maiden name..... Gatherine Frisch

15. Birthplace..... Hecker / Ill. /
(City, town, or county) (State or foreign country)

16. (a) Informant..... Edw. J. Cowell

- (b) Address..... 4044 Cleveland

17. (a) Burial / (b) Date thereof..... 9-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation..... Resurrection Cemetery

18. (a) Signature of funeral director..... Thos. J. Finan

- (b) Address..... 1519 S. Grand Blvd

19. (a) AUG 31 1948 / (b) J. F. Bresack
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... Mo. / (b) County..... 000
(c) City or town..... St. Louis / 17
(If outside city or town limits, write "RURAL")
(d) Street No..... 4044 Cleveland / 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Aug. / day..... 30 /
year..... 1948 / hour..... 8:30 minute..... 0 M.

21. I hereby certify that I attended the deceased from..... July 13 / 48 / to..... Aug 30 / 48 /
that I last saw him..... alive on..... Aug. 29 / 1948 /
and that death occurred on the date and hour stated above. Duration

- Immediate cause of death..... Cerebral hemorrhage / 4 day

- Due to..... malignant Hypertension / 10 yrs

- Due to..... 850 / 82

- Other conditions.....
(Include pregnancy within 3 months of death)

- 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?..... (Specify type of place)

- While at work?..... Means of injury.....

23. Signature..... Henry Rosenfeld / MD /
(M. D. or other) 1

- Address..... 3903 Olive St / Date signed..... Aug 30 48

- Address.....

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

Ronald G. Schukle

Licensed Embalmer No. *3917*

P. O. Address *St Louis 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.