

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. **378**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27612**
Registrar's No. **6959**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Missouri Pacific Hospital**
(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 **Cowley, James**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nora Jones Cowley** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **12/2/1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 **8** **6** _____ hr. _____ min.

9. Birthplace **Washington** **Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Supervisor Water Service**
Mo, Pac, R.R.

12. Name **Cowley**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. James Cowley**

(b) Address **5885 Nina Place**

17. (a) **Removal** (b) Date thereof **8/10/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pacific Mo**

18. (a) Signature of funeral director **Robert J. Ambruster Inc.**

(b) Address **6633 Clayton Road**

19. (a) **AUG 9 - 1948** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **650**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **5885 Nina Place** **9**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **8**
year **48** hour **2** minute **17.4** M.

21. I hereby certify that I attended the deceased from **6** to **8-8-48**
that I last saw him alive on **8-7-48**
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerotic heart disease - heart block** Duration **7 yrs.**

Due to _____

Due to _____

Other conditions **Entered acute pulmonary edema, senile**
(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?

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. F. Budeck** (M. D. or other) **MD**

Address **Mo. Pac. N. & W.** Date signed **8-24-48**

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.