

FILED JUN 9 1950

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18672

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4824**

1. PLACE OF DEATH a. COUNTY <b>7</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2119</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute to City Hosp. #1</b>		d. STREET ADDRESS (If rural, give location) <b>3633 Cottage Avenue</b>	

3. NAME OF DECEASED (Type or Print) <b>ANNIE</b>		a. (First)	b. (Middle)	c. (Last) <b>SOWERS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 30-1950</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>D 3</b>		8. DATE OF BIRTH <b>Nov. 22-1877</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 12 MIN. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b> <b>D</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>George Cook</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Martin</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Helen Bradbury</b>		ADDRESS <b>3633 Cottage Avenue</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Oedema of brain;</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Congestion</b>		
	DUE TO (c) <b>Partial Bowel Obstruction</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Sivertinitis</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>570.5</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1040 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Gabriel E. Taylor Carano</b> (Degree or title)		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>6.1.50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-2-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Gamble</b>		24d. LOCATION (City, town, or county) (State) <b>Festus, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>JUN 1 1950</b>		REGISTRAR'S SIGNATURE <b>J B Luster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLAUGHLIN FUNERAL HOME, INC</b>		ADDRESS <b>2301 Lafayette Ave</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

By Fun. Dir. 6-6-1950

C O R O N E R

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 18672  
Local Registrar's No. 4824

State of ..... }  
County of ..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th day of June, 1950, before me appears.....

Norman W. Goehler, who, upon his oath, states that the original record of ~~birth~~ death

for Annie Sowers <sup>died</sup> ~~1917~~ May 30, 1950 in the State of Missouri, and which was filed at St. Louis on....., 19....., should be corrected as follows:

Item No. 8 should read November 22, 1877

Instead of November 22, 1875

Item No. 9 should read 72 yrs

Instead of 74 yrs

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant: Norman W. Goehler Relationship: dir

Henry Reed Avenue  
Present Address. June 1950

Subscribed and sworn to before me this 6 day of June, 1950

My Commission expires 3-4-53 Notary Public. Edward Padgett

Affidavits containing erasures will not be accepted; draw one line through error and write above it.