

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22214

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 1574

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) KIRKWOOD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	
c. LENGTH OF STAY (in this place) unknown		d. STREET ADDRESS (If rural, give location) 525 So. Harrison	
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Marine Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) MARSHALL		b. (Middle) BELA	
		c. (Last) COWLES	
4. DATE OF DEATH (Month) (Day) (Year) June 26 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 28, 1904
9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 28	IF UNDER 24 HRS. Hours 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchants		10b. KIND OF BUSINESS OR INDUSTRY Cowles-Cartwright	
11. BIRTHPLACE (State or foreign country) Michigan		12. CITIZEN OF WHAT COUNTRY? Michigan	
13a. FATHER'S NAME Carl Cowles		13b. MOTHER'S MAIDEN NAME Maggie Kohn	
14. NAME OF HUSBAND OR WIFE Norma Cowles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.II		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME Clinical Records, U.S. Marine Hosp. Kirkwood		ADDRESS Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive hemorrhage from ruptured esophageal varices ANTECEDENT CAUSES esophageal varices DUE TO (b) Cirrhosis of liver DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 48 hrs.		INTERVAL BETWEEN ONSET AND DEATH 5 years	
19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X X X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR X	
22. I hereby certify that I attended the deceased from June 24 , 1950, to June 26 , 1950, that I last saw the deceased alive on June 26 , 1950, and that death occurred at 2:45 Am. , from the causes and on the date stated above.			
23a. SIGNATURE J. J. Dorset, Sr. Surg.		23b. ADDRESS U.S. Marine Hosp., Kirkwood, Mo.	
23c. DATE SIGNED 6/26/50			
24a. BURIAL CREMATION REMOVAL (Specify) Removal		24b. DATE 6/27/50	
24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) Grand Rapids, Michigan	
DATE REC'D BY LOCAL REG. 6-26-50		REGISTRAR'S SIGNATURE Herbert E. Cowles	
		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Meyert-Feltinger	
		ADDRESS Kirkwood, Mo.	

(Licensed Embalmer's Signature on Reverse Side)

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

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.

Student Embalmer No.....

Signed.....

John M. Meyer

Signed.....
Student Embalmer

Licensed Embalmer No. *3588*

P. O. Address *Kirkwood, 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.