

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6324**  
**1813**

FILED MAR 7 1951

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

1. PLACE OF DEATH a. COUNTY		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>Saint Louis</b>	c. LENGTH OF STAY (in this place) <b>13 Hours</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b> <b>2069</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5334a Terry Avenue, 20</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Martin</b>	b. (Middle) <b>Alfred</b>	c. (Last) <b>Kowert</b>	DEATH <b>Feb. 23rd, 1951</b>	YEAR	(Year)

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 21st, 1884</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shipping Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Shapleigh Hdwe Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Effingham, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Herman Kowert</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Walters</b>	14. NAME OF HUSBAND OR WIFE <b>Lydia W. Kowert nee Weiss</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lydia W. Kowert, 5334a Terry Ave., 20.</b>	ADDRESS
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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) <b>metastatic carcinoma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>5 mo +</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Chapoy node in neck - metastatic carcinoma - primary site not known</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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>1998</b>
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22. I hereby certify that I attended the deceased from **Oct 8, 1950**, to **Feb 23, 1951**, that I last saw the deceased alive on **Feb 22, 1951**, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank Cohen M.D.</b>	23b. ADDRESS <b>2330 UNION, ST LOUIS MO</b>	23c. DATE SIGNED <b>Feb 23/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/26/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>FEB 23 1951</b>	REGISTRAR'S SIGNATURE <b>B Rosater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz, 4828 N. Natural Bridge Blvd.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2300-  
unseen  
Fo. 7732

**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..... *Ralph C. Lindero*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4275*

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.