

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10308

| | | | | | | | | | |
|--|--|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 2787 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 7 1/2 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2709 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4235 Harris Ave. | | | | d. STREET ADDRESS (If rural, give location) 4235 Harris Ave. | | | | | |
| 3. NAME OF DECEASED (Type or Print) Samuel | | a. (First) | | b. (Middle) | | c. (Last) Kowert | | | |
| 4. DATE OF DEATH March 23 1951 | | 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | | |
| 8. DATE OF BIRTH Dec. 7 1873 | | 9. AGE (In years last birthday) 77 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter | | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | | | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY Brewery | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |
| 13a. FATHER'S NAME John Henry Kowert | | 13b. MOTHER'S MAIDEN NAME Maria F. Wendt | | 14. NAME OF HUSBAND OR WIFE Emma Kowert | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. 493-01-3406 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Wm. Meckfessel, 4235 Harris Ave. | | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum 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 2 years? | |
| 19a. DATE OF OPERATION Oct 26; Oct 31, Nov 17, 1949 | | | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum (abdomino-perineal resection) (Done by Dr. Reiser) | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | 21f. HOW DID INJURY OCCUR? | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | | | |
| 22. I hereby certify that I attended the deceased from December 19 49 to March 23, 1951, that I last saw the deceased alive on March 23, 1951, and that death occurred at 5:00 P.M., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Mundel Aylor Weide M.D. | | | | 23b. ADDRESS 4110 West Florissant Ave. | | 23c. DATE SIGNED 3-24-51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE March 26 1951 | | 24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | | |
| DATE REC'D BY LOCAL REG. MAR 26 1951 | | REGISTRAR'S SIGNATURE J B Reiser | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEL F.H. INC., 1936 St. Louis Ave. | | | | | |

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Helis J. Krupin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.