

FILED NOV 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35426**
Registrar's No. **8411**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 4870		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital			d. STREET ADDRESS (If rural, give location) 944 1/2 Gentry		

3. NAME OF DECEASED (Type or Print) a. (First) Dean b. (Middle) Holland c. (Last) Mowry		4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married (Specify)	8. DATE OF BIRTH Aug 13, 1900
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months	IF UNDER 6 mos. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Osteopathic Phy.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Holland. Ill.
13a. FATHER'S NAME John W Mowry		13b. MOTHER'S MAIDEN NAME Mary Holland	14. NAME OF HUSBAND OR WIFE Gladys Mowry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Mowry 944 1/2 Gentry	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Petechial Hemorrhage from Oesophageal Varices		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Laennec's Cirrhosis DUE TO (c)		
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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) ✓ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5811

22. I hereby certify that I attended the deceased from **Sept. 11, 1951**, to **Sept 20, 1951**, that I last saw the deceased alive on **Sept. 20, 1951**, and that death occurred at **9:41 A** m., from the causes and on the date stated above.

23a. SIGNATURE NAKADA (Degree or title)	23b. ADDRESS 503-5 Humboldt Blvd	23c. DATE SIGNED 9/27/51
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 9/24/51	24c. NAME OF CEMETERY OR CREMATORY Parl Lawn Cemetery
		24d. LOCATION (City, town, or county) (State) St Louis County, Mo.

DATE REC'D BY LOCAL REGISTRY SEP 24 1951	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois
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(Licensed Embalmer's Statement 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

W. G. Peterson

Signed.....

Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.