

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2683

State File No.

FILED FEB 14 1952

318

REG. DIST. NO. 1003

Registrar's No. 0792

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis 2269	
c. LENGTH OF STAY (in this place) 8 years		d. STREET ADDRESS (If rural, give location) 26 2816a N. 19th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2816a N. 19th St.		e. STREET ADDRESS (If rural, give location) 26 2816a N. 19th St.	
3. NAME OF DECEASED (Type or Print) Perry		a. (First) Perry b. (Middle) S. c. (Last) Cowdery	
4. DATE OF DEATH Jan. 24, 1952		d. DATE (Month) (Day) (Year)	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 16, 1868	
9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Car Operator		10b. KIND OF BUSINESS OR INDUSTRY Public Service	
11. BIRTHPLACE (State or foreign country) Gloucester, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Mary Cowdery			
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.	
17. INFORMANT'S SIGNATURE OR NAME Mary Cowdery - 2816a N. 19th St.		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 Nov 1951		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of prostate</u>	
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)			
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 177X			
22. I hereby certify that I attended the deceased from Feb 1950, to 1-24, 1952, that I last saw the deceased alive on 12-30, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John S. Skinner</u> (Degree or title) <u>Dr. J. S. Skinner M.D.</u>		23b. ADDRESS 3720 Washington - St. Louis	
23c. DATE SIGNED 1-25-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/28/52	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JAN 25 1952		REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>		ADDRESS 1905 Union Blvd.	

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

REPRODUCTION OF THIS DOCUMENT IS PROHIBITED

Dr. John S. Skinner
35 N. Central (2-5 Fri.)
3720 Washington (1-5 - Sat.)

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 *Walter R. Johnson*

Licensed Embalmer No. *443 B 7*

P. O. Address *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.