

FILED APR 21 1954

STANDARD CERTIFICATE OF DEATH

State File No. 13319
2933
Registrar's No.

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

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

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. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 5800 Arsenal St. 2139	
3. NAME OF DECEASED (Type or Print) a. (First) Judge b. (Middle) c. (Last) Cowan		4. DATE OF DEATH (Month) (Day) (Year) March 27, 1954.	
5. SEX male	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH 2-14-1867
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	11. BIRTHPLACE (City and State or Foreign Country) / Georgia
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Ike Cowan	
14. MOTHER'S MAIDEN NAME Unk.		15. NAME OF HUSBAND OR WIFE Ella Martin	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	
18. INFORMANT'S SIGNATURE OR NAME Hospital Records		19. ADDRESS 5800 Arsenal St.	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis with ANTECEDENT CAUSES DUE TO (b) cerebro-cardiac elements leading 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 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) 4500
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?

22. I hereby certify that I attended the deceased from May 8, 1942, to March 27, 1954, that I last saw the deceased alive on March 27, 1954, and that death occurred at 4:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Palmer Duane Bewickish M.D.	23b. ADDRESS 5800 Arsenal St.	23c. DATE SIGNED 3-27-54
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE 4-2-54	24c. NAME OF CEMETERY OR CREMATORY City Crematory
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		

DATE REC'D BY LOCAL REG. APR 1 1954	REGISTRAR'S SIGNATURE J. Ryan	25. FUNERAL DIRECTOR'S SIGNATURE 5800 Arsenal St.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

NOT EMBALMED

CREMATED BY CITY

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.