

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3040

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **75**

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 town or town) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 35 yrs.		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2537 Nth. Market St.		e. STREET ADDRESS (If rural, give location) 20 2537 North Market St. 220^b	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) c. (Last) Stowers		4. DATE OF DEATH (Month) (Day) (Year) 1 - 1 - 1956	
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5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 12 - 15 - 1894	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Hosp. Orderly	11. BIRTHPLACE (City and State or Foreign Country) Macon, Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Clayton Stowers	13b. MOTHER'S MAIDEN NAME Minerva Hardy	14. NAME OF HUSBAND OR WIFE No wife
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Irene Bell	ADDRESS 2537 North Market St.
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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 Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbidity 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. Bronchial Asthma		Unknown	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION H20.0	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-7, 1955**, to **1-1, 1956**, that I last saw the deceased alive on **12-27, 1955**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. E. Smith (Degree or title)	23b. ADDRESS M. E. 11 W. Jefferson St.	23c. DATE SIGNED 1-3-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-6-1956	24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri
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DATE REC'D BY LOCAL REG. JAN 4 1956	REGISTRAR'S SIGNATURE Charles Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Foley Undertakers	ADDRESS 3759 Finney Ave
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *General E Woodman*

Licensed Embalmer No. *434*

P. O. Address *Hawes St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.