

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32552

State File No.

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 2149

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>	c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY OR TOWN <u>Rural MERAMEC TWP</u>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>41 @ Wild Horse Creek Rd</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>J.</u> b. (Middle) <u>COTTON</u> c. (Last) <u>COWHERD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 22 1881</u>	9. AGE (In years last birthday) <u>75</u> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUDITOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SNELL OIL CO</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DANVILLE, KY</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>HUGH COWHERD</u>	13b. MOTHER'S MAIDEN NAME <u>unk</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Cowherd</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cora Cowherd, Chesterfield Mo.</u>	ADDRESS
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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 <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Confluent bronchopneumonia</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>491X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 9, 1956, to Sept. 10, 1956, that I last saw the deceased alive on Sept. 10, 1956, and that death occurred at 9:00pm m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert W. Decker</u> (Degree or title) <u>med</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>	23c. DATE SIGNED <u>9-11-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	24b. DATE <u>9-12-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VANALIA CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-12-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donde, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Paul Home, Ballwin, Mo.</u>	ADDRESS
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(Licensed Emballer'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..... *Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Ballerwin, Pa.*

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.