

FILED JUL 29 1957

STANDARD CERTIFICATE OF DEATH

258230 STATE FILE NUMBER

Registration District No. ~~300~~ 309 Primary Registration District No. ~~3000~~ Registrar's No. _____

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57

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Portage twsp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Saint Louis ²²⁰⁹ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION By Lewis & Clark Bridge Length of stay in lb _____		d. STREET ADDRESS (If outside, give location) 2203 Benton St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Thurman Middle _____ Last Jowett			4. DATE OF DEATH Month July Day 18 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 6, 1944		9. AGE (In years last birthday) 13 IF UNDER 1 YEAR Months 2 Days 12 IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY jr. high school	11. BIRTHPLACE (City and state or country) Alton, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Eli Jowett.	13b. MOTHER'S MAIDEN NAME Hazel McNeil	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT Eli Jowett, 2203 Benton, St. Louis, Mo. Address _____
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) Boys went into river to untangle lines and undercurrent swept them under.
20c. TIME OF INJURY 2:00 a.m. _____ p.m. _____ Month, Day, Year 7-18-57	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Miss. River at Alton	20f. CITY, TOWN, OR LOCATION Br. Portage Twsp. St. Chas. Mo. COUNTY _____ STATE _____
21. I attended the deceased from July 22, 1957 to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE [Signature] (Degree or title) 3	22b. ADDRESS Wentzville mo July 22, 1957	22c. DATE SIGNED _____
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 23, 1957	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
		23d. LOCATION (City, town, county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR Leidner Und. 2223 St. Louis, St. Louis, Mo. ADDRESS _____	25. DATE RECD. BY LOCAL REG. July 26 1957	26. REGISTRAR'S SIGNATURE [Signature]
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Frank R. Amalen*

Licensed Embalmer No. *4832*

P. O. Address *St. Charles*

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.