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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7537

State File No.

Registration District No. 764 Primary Registration District No. 111 Registrar's No. 304

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS 000 12
(c) City or town ST. LOUIS MO. 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4060 WYOMING ST.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME CORNELIUS T. COWHEY

3. (b) If veteran, name war

3. (c) Social Security No. 492-10-4282

4. Sex MALE

5. Color or race WHITE 0

6. (a) Single, widowed, married, divorced MARRIED /

6. (b) Name of husband or wife JULIA COWHEY

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased OCT. (Month) 19 (Day) 1878 (Year)

8. AGE: Years 64 Months 3 Days 17 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation LUMBER SALESMAN

11. Industry or business WILES-CHIPMAN LUMBER CO.

FATHER
12. Name EDWARD COWHEY
13. Birthplace ST. LOUIS (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name MARY TYRRELL
15. Birthplace (City, town, or county) IRELAND 4 (State or foreign country)

16. (a) Informant MRS. JULIA COWHEY
(b) Address 4060 WYOMING ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) FEB 7 1943 (Date received local registrar) (b) T. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 6. year 1943 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from Jan 31, 1943 to Feb 6, 1943, that I last saw him alive on Feb 5, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6 days
Due to: Hypertensive Vasc Disease	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93d

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Ralph Lusella (M. D. or other)
Address 3720 Washington Date signed 6/6/43

(Licensed Embalmer's Statement on Reverse Side)

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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.