

FILED NOV 1 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9292**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Days**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9/2**
(d) Street No. **789 Aubert Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Eva Cowles Weant**

3. (b) If veteran, name war ********* 3. (c) Social Security No. *********

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

8. AGE: Years **About 53** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Nobel Pittman Cowles**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Putnam**
15. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **James W. Reek**
(b) Address **708 Jefferson St. Fulton Mo**

17. (a) **Burial** (b) Date thereof **Oct 22 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Park Lawn Cemetery**

18. (a) Signature of funeral director **Petz Brothers**
(b) Address **3029 Lafayette Ave**

19. (a) **OCT 22 1943** (b) **J. F. Brudeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct 2** day **20** year **1943** hour **2** minute **00** P. M.

21. I hereby certify that I attended the deceased from **Oct. 15**, 19**43** to **Oct. 21**, 19**43**; that I last saw her alive on **Oct. 20**, 19**43**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Acute pulmonary edema 1 day**
Due to: **Cardiac decompensation 6 yrs.**
Due to: **Arteriosclerotic heart disease**

Other conditions: **Yargrenous stomatitis**
(Include pregnancy within 3 months of death)
Major findings: **9/8/11**
Of operations: _____
Of autopsy: _____

Duration
PHYSICIAN
Underline the cause to which death is 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Joseph H. Humberg** (M. D. or other)
Address **Jewish Hospital** Date signed **Oct 24/43**

WRITE PLAINLY--USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Frank J. Swane*.....

Licensed Embalmer No. *2245*.....

P. O. Address *Alton, Mo*.....

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.