

FILED SEP 30 1946

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 1970

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2653 Fyle
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 4 years

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME AZEL GOZWELL

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

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Oct. 6 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>11</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Eggleville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Azel Colwell

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Janet

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Mims

(b) Address 2653 Fyle

17. (a) Buried (b) Date thereof 9-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo.

18. (a) Signature of funeral director Allen Brumfield

(b) Address Pleasant Hill Mo.

19. (a) 9-24-46 (b) Arthur J. Leland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. 2653 Fyle
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1946 hour 8 minute 15 a. M.

21. I hereby certify that I attended the deceased from Sept. 19, 1946, to Sept. 21, 1946 that I last saw him alive on Sept. 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Acute Pericardial Bronchitis 7 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Monte A. Dill (M. D. or other) MD.

Address 7346 Manchester Date signed 9-21-46

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 *Allen Brownfield*.....

*Taken to Pleasant Hill
for Embalming.* Licensed Embalmer No.....
P. O. Address *Pleasant Hill, Va.*

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.

D.C. Gibson
3454