

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32049

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2177

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton
c. LENGTH OF STAY (in this place) 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton
d. STREET ADDRESS (If rural, give location) 7560 Wydown Blvd.

3. NAME OF DECEASED
a. (First) Leo b. (Middle) L. c. (Last) Sowers

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 21, 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mar. 21, 1891

9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours Min. 59 5 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager

10b. KIND OF BUSINESS/OR INDUSTRY B. F. Goodrich

11. BIRTHPLACE (State or foreign country) Wilcox Penn.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Frank Sowers

13b. MOTHER'S MAIDEN NAME Cora Young

14. NAME OF HUSBAND OR WIFE Nell Sowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I

16. SOCIAL SECURITY NO. 490 05 2343

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leo Sowers 7560 Wydown Blvd

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) self-inflicted gunshot wound of neck causing exsanguination
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.

INTERVAL BETWEEN ONSET AND DEATH
2 9/10X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Clayton St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 11 50

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? see above

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 9-11, 1950, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

22a. SIGNATURE Arnold J. Willmann (Degree or title) Coroner

23b. ADDRESS Clayton, Mo.

23c. DATE SIGNED 9/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/15/50

24c. NAME OF CEMETERY OR CREMATORY National Cemetery

24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.

DATE REC'D BY LOCAL REG. 9-14-50

REGISTRAR'S SIGNATURE Herbert R Donke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith 7450 Manchester Maplewood, Mo.

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RWR (Licensed Embalmer's Statement on Reverse Side)

OCT 23 1950

OCT 20 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert T Sargata

Signed.....
Student Embalmer

Licensed Embalmer No. *4290*

P. O. Address *58 Louisa, Md*

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.