

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3251

1004

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 233

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood 4524	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7794 Folk avenue		d. STREET ADDRESS (If rural, give location) 7716 Rannells avenue	

3. NAME OF DECEASED (Type or Print) NELLIE	a. (First)	b. (Middle)	c. (Last) COWEN	4. DATE OF DEATH (Month) (Day) (Year) Jan 27 50
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 9, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 5 Days 18	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) retired housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Defiance, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alvaro VanSkiver	13b. MOTHER'S MAIDEN NAME Josephine Holtzd	14. NAME OF HUSBAND OR WIFE Wm. R. Cowen
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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'S SIGNATURE OR NAME ADDRESS Van Mansfield, 7794 Folk avenue
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia, chs-		4 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis general DUE TO (c)		12 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. myocardial degeneration (arteriosclerotic)		6 months	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 26, 1939, to June 27, 1951, that I last saw the deceased alive on Jan 26, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) CH Bockelman M.D. U.	23b. ADDRESS 2615 Brentwood Blvd.	23c. DATE SIGNED June 27, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-30-51	24c. NAME OF CEMETERY OR CREMATORY Hillsdale	24d. LOCATION (City, town, or county) (State) Hillsdale, Michigan
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DATE REC'D BY LOCAL REG. 1-27-51	REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith, 7450 Manchester Maplewood, Mo.
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RWR (Licensed Embalmer's Statement on Reverse Side)

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Ronald Q. Yabuke

Signed.....
Student Embalmer

Licensed Embalmer No..... *3917*

P. O. Address..... *St. Louis, 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.