

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6466

State File No.

1003

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No. 1050

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place)		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Desloge Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>14 5340 Mardel Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BRYCE</u> b. (Middle) <u>L.</u> c. (Last) <u>MOWRY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Dec. 3, 1905</u>		9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Porter Oil Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Clarence Mowry</u>		13b. MOTHER'S MAIDEN NAME <u>Rhoda Edmiston</u>		14. NAME OF HUSBAND OR WIFE	
---	--	--	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence V. Mowry</u>	
				ADDRESS <u>5340 Mardel Ave.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Stroke</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>					
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>581.0</u>	
--	--	--	--	---	--

22. I hereby certify that I attended the deceased from Dec. 30, 1950, to Feb 1, 1951, that I last saw the deceased alive on Feb 1, 1951, and that death occurred at 8:05 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>William A. Wright Jr</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4161 Lindell Blvd.</u>		23c. DATE SIGNED <u>Feb 2, 1951</u>	
---	--	----------------------------------	--	---	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill's Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
--	--	----------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>FEB 2 1951 J. B. Kasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>		ADDRESS <u>4228 S. Kingshighway Bl.</u>	
--	--	---	--	--	--

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

William B. White

Student Embalmer

Licensed Embalmer No. *4281*

P. O. Address *4228 Le King High*

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.