

STANDARD CERTIFICATE OF DEATH

State File No. **43672**

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **4134**

1. PLACE OF DEATH
a. COUNTY **St. Louis**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Johns**
c. LENGTH OF STAY (in this place) **6yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **8149 St. Charles La.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Mo.** b. COUNTY **St. Louis**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Johns**
d. STREET ADDRESS (If rural, give location) **8149 St. Charles La.**

3. NAME OF DECEASED
a. (First) **Jay** b. (Middle) **D.** c. (Last) **Sowash**
4. DATE OF DEATH (Month) (Day) (Year) **Dec. 28 1951**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Sept. 29, 1881** 9. AGE (In years last birthday) **70** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Supt. Laclede Gas Co.** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Princeton Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Miles Sowash** 13b. MOTHER'S MAIDEN NAME **Fidelia Putin** 14. NAME OF HUSBAND OR WIFE **Margaret Sowash**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **none** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Margaret Sowash, 8149 St. Charles La.** ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **acute coronary occlusion** INTERVAL BETWEEN ONSET AND DEATH **Immediate**
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) **arteriosclerotic coronary disease** **2 1/2 yrs?**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) **myocardial failure** **1 yr 2**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **5-29, 1951**, to **12-29, 1951**, that I last saw the deceased alive on **12-26, 1951**, and that death occurred at **5 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE **A. K. Jankel M.D.** (Degree or title) 23b. ADDRESS **3604 Washington** 23c. DATE SIGNED **12-28-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **12/31/51** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **12-29-51** REGISTRAR'S SIGNATURE **Herbert A. Jankel M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Drehmann-Harral** ADDRESS **1905 Union Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. A. K. Fiskel,
Humboldt Bldg.

(2 to 5)

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

Warren A. Carver

Signed.....
Student Embalmer

Licensed Embalmer No. *3534*

P. O. Address.....

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.