

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37189**

FILED NOV 14 1952

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 590	Registrar's No. 2857
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 Wellston, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston,		
d. FULL NAME OF HOSPITAL OR INSTITUTION 6414 Page Blvd.,		d. STREET ADDRESS (If rural, give location) 6414 Page Blvd.,		
3. NAME OF DECEASED (Type or Print) a. (First) Florence		b. (Middle) Cowger		c. (Last) Cowger
4. DATE OF DEATH (Month) (Day) (Year) November 4 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 78? 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Unavailable
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Unavailable		13b. MOTHER'S MAIDEN NAME Unavailable		14. NAME OF HUSBAND OR WIFE Albione Cowger
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 Myrtle Frahm, 33 St. Rita Lane
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) Acute Sclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis 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 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)
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?
22. I hereby certify that I attended the deceased from 9-25-1952 to 11-4, 1952 , that I last saw the deceased alive on 11-1, 1952 and that death occurred at 11:55 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE L. F. Hayden		23b. ADDRESS 730 Hodiamont Ave.,		23c. DATE SIGNED 11-5-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-6-52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park
24d. LOCATION (City, town, or county) (State) Indianapolis, Indiana				
DATE REC'D BY LOCAL REG. 11-5-52		REGISTRAR'S SIGNATURE Herbert R. Dombke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John S. Henneke
Licensed Embalmer No. 4194

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.