

PR 26 1939 REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16058
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 7844
 (b) Township Clayton Primary Registration District No. 101 Registered No. 753
 (c) City Clayton (d) Street No. St. Louis County Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Cowan
 (a) Residence, No. 367 Julia Ave., Ferguson, Mo. st. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Melvina Cowan 7 1879
Oct. 19, 1876

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 29 6 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME James Cowan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mildred unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) daughter-in-law, Ethel Cowan 3940 Polson, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Mo DATE 4-28-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe 4700 Washington

20. FILED APR 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25-39 19

22. I HEREBY CERTIFY, That I attended deceased from 4-23-39, 19, to 4-25-39, 19.
 I last saw him alive on 4-25-39, 19. Death is said to have occurred on the date stated above, at 10:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Degenerative heart disease
Myocardial failure
Cirrhosis of liver & acute

Other contributory causes of importance: 1248

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Robert O. Thrushaupt, M. D. (Signed) _____
St. Louis County Hosp. (Address)

Date of onset
19 37
Nov. 28

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Corrected May 2 1939 by Telegram L. Wood

See Telegram # 177 in misc file 1939

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.