

DEC 22 1941

791

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2123 Menard Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 13 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2123 Menard Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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6 23

3. (a) PRINT FULL NAME JOHN WILLIAM COWAN

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lula 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 2, 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 10 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Resturant Owner

11. Industry or business self

12. Name John Cowan

13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Cowan

(b) Address 2409 No 14th Street

17. (a) burial (b) Date thereof 11-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetary

18. (a) Signature of funeral director A W McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) NOV 4 1941 (b) J F Brueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day third  
year 1941 hour 8 minute 45 a.m.

21. I hereby certify that I attended the deceased from Nov 1  
1941 to Nov 3 1941

that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Ch Nyeocarditis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Roberg (M. D. or other) \_\_\_\_\_

Address 2123 Menard Street Date signed 11/3/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*Ralph Linders*..... Registered Apprentice No. *281*  
working under my personal supervision.

Signed *L. R. Casper*.....

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

**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.**