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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

25765

State File No. 25765

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7082

378

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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: Homer G Phelps O Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)

In this community about 35 yrs

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 921 (If outside city or town limits, write "RURAL")

(d) Street No. 3229 Lawton Ave (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CAESAR COWANS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 9 (Day) 1871 (Year)

8. AGE: Years 70 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Monroe County (City, town, or county) Ark (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Ceasar Cowans
13. Birthplace Monroe County (City, town, or county) Ark (State or foreign country)

MOTHER
14. Maiden name Maggie Brown
15. Birthplace Not Known (City, town, or county) Ark (State or foreign country)

16. (a) Informant James L. Turner

(b) Address 3714 windsor Pl.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 8 24-42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A D Richards

(b) Address 2625 Glasgow

19. (a) AUG 24 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 21 year 1942 hour 2 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death 2nd 3rd Degree Burns of entire body. When his clothing become ignited when tank on Gasoline Stove exploded at Ewing & Delmar Boul. 8/22/42 about 12 58 am

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Property Damage

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence 8/22/42 000

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas A Collins (M. D. or other)

Address Deputy Coroner Date signed 8/24/42

844

(Licensed Embalmer's Statement on Reverse Side)

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 A. D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.