

FILED NOV 23 1942
Registration District No. **818**

Primary Registration District No. **1003**

29

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Mo.,**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Stephen F. Schowe**

3. (b) If veteran, name war _____

3. (c) Social Security No. **688-19-7311**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Lillie Schowe**

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

7. Birth date of deceased **12-2-1896**
(Month) (Day) (Year)

8. AGE:	Years 45	Months 11	Days 7	If less than one day hr. min.
---------	--------------------	---------------------	------------------	----------------------------------

9. Birthplace **St. Louis, Mo.,**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**

11. Industry or business **Lehay Truckage Co**

MOTHER FATHER { 12. Name **Toney Schowe**

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

14. Maiden name **Emma (unknown)**

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

16. (a) Informant **Mrs. Lillie Schowe**

(b) Address **3013a Marcus Ave.,**

17. (a) **Burial** (b) Date thereof **11-12-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Sullivan Bros.**

(b) Address **2849 No. Euclid Ave**

19. (a) **NOV 19 1942** (b) **J. F. Bredack**
(Date received local registrar) (Registrar's signature)

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. **3013a Marcus**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **9th**
year **1942** hour **8** minute **30** 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
**Gun shot wound in chest
Self inflicted at his home
3013a Marcus ave on
11-9-42**

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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) **Suicide**

(b) Date of occurrence **11-9-42**

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

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

While at work? _____ (Specify type of place)

23. Signature **Thomas F. Callahan** (or other)
Address **Deputy Coroner** Date signed **11/19/42**

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 *Robert Mayfield*

Licensed Embalmer No. *3077*

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.