

S. No. 2  
M-5-42  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16135

State File No. ....  
Registrar's No. **4505**

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

ED. MAY 27 1943  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
ST. Mary's Infir.  
(If not in hospital, institution, write street number or location)

(d) Length of stay: In hospital or institution 3 da.  
(Specify whether 3 hrs.)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST. CHARLES

(c) City or town LOVE JOY  
(If outside city or town limits, write "RURAL.")

(d) Street No. 314 Jefferson St.  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Fannie F. Gowex

(b) If veteran, name war no.

(c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th  
year 1943 hour 11:30 minute AM M.

21. I hereby certify that I attended the deceased from May 8  
1943 to May 11 1943;  
that I last saw her ex. alive on May 11 1943;  
and that death occurred on the date and hour stated above.

4. Sex Fem. 5. Color or race Cah

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

6. (b) Name of husband or wife no

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

7. Birth date of deceased: Nov. 26 1881  
(Month) (Day) (Year)

Immediate cause of death Uremia

Due to Hypertension & Cerebral Hemorrhage

Due to the above

Other conditions (include pregnancy within 3 months of death) 83

8. AGE: Years Months Days If less than one day

61 5 15 hr. min.

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

10. Usual occupation House work

11. Industry or business Self

12. Name Issac Gowex

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

14. Maiden name Elizabeth Anderson

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

16. (a) Informant Adelaide Calhoun

(b) Address 314 Jefferson St, Lovejoy Ill.

17. (a) Burial (b) Date thereof 5-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. J. Bredock

(b) Address 3847 Gay Blvd

19. (a) MAY 14 1943 (b) J. J. Bredock  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

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

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

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) \_\_\_\_\_

(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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature Edgar F. Windsor (M. D. or other) MD

Address 2111 W. 2nd St. St. Louis Ill. Date signed 5/13/43

**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.....

*At 3847 Page Blvd.*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *O. J. Nash*.....

Licensed Embalmer No. *2432*

P. O. Address *3847 Page Blvd.*

**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.**