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FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10434**
Registrar's No. **2497**

FILED MAR 23 1948
Registration District No. **318**

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:
Enroute 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

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. **2112 N. 12th St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Stephen Michael McGowan**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **11**
year **1948** hour _____ minute **4:54** P.M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Infant**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

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.

7. Birth date of deceased **September 25 1946**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
1 5 16 hr. _____ min.

Immediate cause of death
Relaxation of the heart
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
1/4
Major findings:
Of operations _____
Of autopsy _____

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER
12. Name **John Henry McGowan**
13. Birthplace **Moro Arkansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Dora Stephens**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **Mrs. Dora McGowan**
(b) Address **2112 N. 12th St.**
17. (a) **Burial** (b) Date thereof **3-14-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Fredericktown, Mo.**

While at work? _____ (Specify type of place)
(e) Means of injury **3**
23. Signature **Mich. S. Taylor** (M.D. or other)
Address **Ray, Coroner** Date signed **3/17/48**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **700 Washington Blvd.**
19. (a) **MAR 12 1948** (b) **J. P. Anderson**
(Date received local registrar) (Registrar's signature)

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 *John S. Dennehy*
.....
..... Licensed Embalmer No. *4194*
.....
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, fact should be so stated above.