

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31799

Registrar's No. 8014

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	State File No. 31799	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>96'</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u>		d. STREET ADDRESS (If rural, give location) <u>4</u> <u>NW 411 So Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Furman DeLoe Hospital</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>W</u> c. (Last) <u>Gower Jr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>14</u> <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-7-1882</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Posten</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Advertiser</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John W Gower Sr</u>		13b. MOTHER'S MAIDEN NAME <u>Rachael Dikes</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Alvin Meyer Farmington Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Primary Carcinoma of scalp skin</u> <u>with extensions to the brain</u> ANTECEDENT CAUSES <u>last Recurrence</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) — DUE TO (c) —</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>			
19a. DATE OF OPERATION <u>Apr. 4 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma, recurrent from primary scalp, had invaded bones of orbit, Ethmoid sinuses, and left frontal lobe of brain.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>55</u>		21f. HOW DID INJURY OCCUR? <u>191X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>40</u> to <u>9-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-13</u> , 19 <u>49</u> , and that death occurred at <u>1030</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles Sherwin</u> (Degree or title)		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>9-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Francois Mem Park</u>		24d. LOCATION (City, town, or county) (State) <u>Desloge Mo</u>	
DATE REC'D BY LOCAL <u>SEP 16 1949</u>	REGISTRAR'S SIGNATURE <u>J.B. Locater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service Inc.</u> <u>4104 Manchester Ave</u> <u>St. Louis 10, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. Allen Davis Jr
Licensed Embalmer No. 4053
P. O. Address St Louis 10 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.