

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 35071
8977

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital				d. STREET ADDRESS (If rural, give location) 3651 Grandel Sq.				0	
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Wilford			c. (Last) McGowen			
4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1950			5. SEX Male			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married			8. DATE OF BIRTH March 28, 1922			9. AGE (In years last birthday) 28			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY Records Adm. Center			11. BIRTHPLACE (State or foreign country) Walls, Miss.			
12. CITIZENSHIP OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME J. H. McGowen			13b. MOTHER'S MAIDEN NAME Mae Cleary			
14. NAME OF HUSBAND OR WIFE None			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II			16. SOCIAL SECURITY NO. 410-24-2693			
17. INFORMANT'S SIGNATURE OR NAME Mae McGowen			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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____			19. ADDRESS 256 N. McNeil, Memphis, Tenn.			
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45 P.M. m., from the causes and on the date stated above.									
23a. SIGNATURE Patrick E. Taylor				23b. ADDRESS (Degree or title) Coroner 1300 Clark				23c. DATE SIGNED 10-23-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE 10-23-50			24c. NAME OF CEMETERY OR CREMATORY Calvary			
24d. LOCATION (City, town, or county) (State) Memphis, Tenn.			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe			ADDRESS 4700 Washington Blvd.			
DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE J. B. Lanier			DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE 10-23-50			DATE RECD. BY LOCAL REGISTRAR'S SIGNATURE 10-23-50			

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

NOV 2 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Robert M. Murray*

Signed.....
Student Embalmer

Licensed Embalmer No. 37491

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.