

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **14429**
 Registrar's No. **3440**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		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) St. Louis		c. LENGTH OF STAY (In this place) 23 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2129				
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 4529 Newberry Tr.						
3. NAME OF DECEASED (Type or Print) Willie McGowan			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH April 9 1951		5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb. 12, 1906		
9. AGE (In years last birthday) 45		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Joe McGowan			13b. MOTHER'S MAIDEN NAME Susie ?			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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Orva Lee Moore					ADDRESS 4529 Newberry Tr.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Cirrhosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Degenerative Heart Disease						INTERVAL BETWEEN ONSET AND DEATH Undet.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)				
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5811								
22. I hereby certify that I attended the deceased from 2-21 , 19 51 , to 4-9 , 19 51 , that I last saw the deceased alive on 4-9 , 19 51 , and that death occurred at 11:50a. , from the causes and on the date stated above.										
23a. SIGNATURE Alvin Thompson				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 4-10-51				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-14-51		24c. NAME OF CEMETERY OR CREMATORY Canadale Cemetery		24d. LOCATION (City, town, or county) (State) Lee man mo.				
DATE REC'D BY LOCAL REG. APR 12 1951		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE McClain & Boudreau					

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

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.....

Leroy W. Dammiate

Signed.....
Student Embalmer

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton Rd*

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.