

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17953
4605

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 Indiana b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) 17 TOWN Gary	
c. LENGTH OF STAY (In this place)		8130	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		6. STREET ADDRESS (If rural, give location) 2615 Pennsylvania 8	

3. NAME OF DECEASED (Type or Print) a. (First) President b. (Middle) c. (Last) Cowans			4. DATE OF DEATH (Month) (Day) (Year) 5 13 51		
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 1, 1886		9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (State or foreign country) Mingo, Alabama		12. CITIZEN OF WHAT COUNTRY? USA		10b. KIND OF BUSINESS OR INDUSTRY Tin Factory	

13a. FATHER'S NAME Oliver Cowans		13b. MOTHER'S MAIDEN NAME Eliza Bradford		14. NAME OF HUSBAND OR WIFE Dolly Cowans	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 306-08-5944		17. INFORMANT'S SIGNATURE OR NAME Dolly Cowans, 2615 Pennsylvannia-Gary, Ind.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Sudden Heart Attack</i> INTERVAL BETWEEN ONSET AND DEATH <i>suffered when deceased fell down</i> <i>due to</i> <i>slight of stairs leading from</i> <i>bed room to the first floor</i> <i>due to (c) at the home of his sister at</i> II. OTHER SIGNIFICANT CONDITIONS <i>3411 Lawton Blvd on May 12 1951 at about 400 pm</i> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>no accident</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) <i>no accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>May 12 6:40 pm</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>EGROD</i>	

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 *630A* m., from the causes and on the date stated above. *21*

23a. SIGNATURE <i>Patrick E. Taylor, Coroner</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>5-16-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal <i>5</i>		24b. DATE <i>5-17-1951</i>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <i>Gary Indiana</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. B. Foster</i>			

DATE REC'D BY LOCAL REG. OFF. <i>MAY 16 1951</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>Ellis Funeral Home, Inc. 2820 S.oddard St.</i>	
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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.....
Student Embalmer

Signed

Fulton E. Cullin

Licensed Embalmer No. 498

P. O. Address 137

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.