No. 300
10.48

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

FILED DEC 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44219

BIRTH NO. 92230 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11626

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Louis Maternity

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lovejoy
d. STREET ADDRESS (If rural, give location): 220 South 2nd Street

8120
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3. NAME OF DECEASED (Type or Print)
a. (First)
b. (Middle)
c. (Last): Gower

4. DATE OF DEATH (Month) (Day) (Year): November 28 1953

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): --
8. DATE OF BIRTH: November 27 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR — Months: Days: 1 — IF UNDER 24 HRS. — Hours: 1 Min.: 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (City and State or Foreign Country): St Louis Missouri
12. CITIZEN OF WHAT COUNTRY?: --

13a. FATHER'S NAME: George William Gower
13b. MOTHER'S MAIDEN NAME: Alice Gertrude Harold
14. NAME OF HUSBAND OR WIFE:

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: Alice Gertrude Gower
ADDRESS: Above add

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline membrane

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

774X

22. *I hereby certify that I attended the deceased from* Nov 27, 19 53, *to* Nov 28, 19 53, *that I last saw the deceased alive on* Nov 28, 19 53, *and that death occurred at* 9P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E H Laupe MD
23b. ADDRESS: 630 S. Kingshighway
23c. DATE SIGNED: 11-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 12-3-53
24c. NAME OF CEMETERY OR CREMATORY: Anatomical Board
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: DEC 9 1953
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Rowland Mortuary Svc.
ADDRESS: 4104-06 Manchester

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.