

Health, Welfare  
Public  
Service

XC 5105064

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015841  
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 4011

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b> <i>8120</i>    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Lovejoy</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>  |  | Length of stay in lb<br><b>16 days</b>  | d. STREET ADDRESS (If outside, give location)<br><b>152 N. 5th</b>                                |
| 3. NAME OF DECEASED (Type or print)<br><b>GEORGE W. GOWER</b>  |  | First Middle Last   | 4. DATE OF DEATH<br>Month Day Year<br><b>4-9-58</b>   |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>negro</b>   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1-28-08</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Unknown</b>   | 9. AGE (In years last birthday)<br><b>50</b>  |
| 11. BIRTHPLACE (City and state or country)<br><b>Lovejoy, Illinois</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>James C. Gower</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Carlis Barker</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Alice G. Gower</b>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WWI</b>  |  | 16. SOCIAL SECURITY NO.<br><b>319165303</b>   | 17. INFORMANT Address<br><b>VA HOSPITAL RECORDS, ST. LOUIS, MO.</b>                               |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>METASTATIC CARCINOMA BRAIN</b>   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 WEEKS</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>CARCINOMA OF LUNG</b>   |  |   | -   |
| DUE TO (c) - - - - - <b>163x -</b>   |  |   | -   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>- - - - -   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m.<br>p.m.   |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/><br>AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE  |
| 21. Attended the deceased from <b>3-24-58</b> to <b>4-9-58</b> and last saw <b>him</b> alive on <b>4-9-58</b><br>Death occurred at <b>10:20 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE (Degree, if any)<br><b>Edith F. Jabczynski</b>  |  | 22b. ADDRESS<br><b>M.D. VAH, ST. LOUIS, MO.</b>   | 22c. DATE SIGNED<br><b>4-10-58</b>  |
| 23a. BURIAL, CREMATION, OR OTHER (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>4-14-58</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>National</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Jefferson Barracks, Mo.</b>                   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Marshall Funeral Home E. St. Louis, Ill.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>APR 11 '58</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith MO</b><br><i>ms</i>                                    |

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 .....  
Signature of Student Embalmer

Signed *Thomas M. Albean* .....

Licensed Embalmer No. 4479

P. O. Address. 2205 Missouri  
East St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.