

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038293  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3009

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>St. Louis</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sunset Hills</b>	a. STATE <b>Mo.</b>	b. COUNTY <b>St. Louis</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Peace Haven</b>		Length of stay in 1b <b>1 week</b>	c. CITY OR TOWN <b>Des Peres</b>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>924 Latigos Trail</b>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	5. AGE (last birthday)
First Middle Last <b>SARAH J. GOWER</b>		Month Day Year <b>September 26, 1963</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <b>73</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/29/89</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleswoman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Field Enterprises</b>	11. BIRTHPLACE (City and state or country) <b>Michigan</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv <b>No</b>		14. NAME OF HUSBAND OR WIFE <b>Gilbert Gower, Dec'd.</b>	
17. INFORMANT <b>Mrs. Camilla Hinchmann, 924 Latigos Trail</b>		Address <b>Des Peres, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Unknown natural causes</b>			<b>Unk</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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. I attended the deceased from _____, to _____ and last saw her him alive on _____. Death occurred at <b>10:55 PM</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Raymond Hard</i> Coroner		22b. ADDRESS <b>Clayton, Missouri</b>	22c. DATE SIGNED <b>10/7/63</b>
23a. BURIAL, CREMATION REMOVAL (Specify) <b>Crematory</b>	23b. DATE <b>9/30/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
24. FUNERAL DIRECTOR <b>Bopp Chapel, Kirkwood, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-30-63</b>	26. REGISTRAR'S SIGNATURE <i>John M. ...</i>

DO NOT WRITE ON THIS STUD

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

1 4041  
2 4021

3

4 1

5 2

6

7 1

8 2

9 7954

10

11

12 86-3

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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

*Francis J. Weyland Jr.*

Licensed Embalmer No.

4512

P. O. Address

*Kirkwood, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.