WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15537

15268

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 4480

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. St. Mary's Infirmary. St. ..... Ward)

2. FULL NAME Charles Gowan

(a) Residence. No. 2228 S. Broadway St., 23 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Gowan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 4th. 1881.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	10	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) DeSota

(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER John Gowan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. Laura Gowan

(Address) 2228 S. Broadway.

15. FILED APR 25 1928, 19 Max C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-30-27, 19..., to 4-24-, 1928 that I last saw her alive on 4-23-28, 19..., and that death occurred, on the date stated above, at 2:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

900

(duration) 1 yrs. 11 mos. ds.

CONTRIBUTORY (SECONDARY) Emphysema

(duration) ..... yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) Eugene F. Marx, M. D

4-24, 1928 (Address) 1536 Papin St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Matthews	April-26 1928
20. UNDERTAKER Wicker-Helderle-	ADDRESS 2331 S. Bdway.