

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

Do not use this space.

**26080**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 4468  
 City Ferguson, Mo. (No. 445 St. Julia Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Joseph Thomas McGowan  
 (a) Residence, No. 445 St. Julia Ave. St. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
4 4 \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Data deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ferguson, Mo.

13. NAME Joseph McGowan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Laura Majak

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Joseph McGowan  
 (ADDRESS) 445 St. Julia Ave. Ferguson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE July 30 1931

19. UNDERTAKER Most & Caprell  
 (ADDRESS) 4600 West 136th

20. FILED 8/8 1931 St. Louis County Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1931

22. I HEREBY CERTIFY That I attended deceased from 7-27 1931, to 7-29 1931.

I last saw him alive on 7-29 1931. Death is said to have occurred on the date stated above, at 2:18 m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Broncho) Date of onset 7-28-31

119B  
107A  
1158

Other contributory causes of importance:  
Pericarditis  
malnutrition 7-20-31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? none (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify no

(Signed) L. W. K. Kuehn, M. D.  
 (Address) 7302 N. Natural Bridge

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.

REC 62 800 AUG 29 1931

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