

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

Do not use this space.

OCT 14 1937

32317

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No. 1003
Primary Registration District No.
City Sanitarium

File No.
Registered No. 8371
St. Ward

2. FULL NAME Cormick McGowan

(a) Residence, No. 2618 Hebert St St. 20 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 70

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer common
10. Date deceased last worked at this occupation (month and year) About 1930 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

13. NAME Michael McGowan

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

15. MAIDEN NAME Bridget Loftus

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

17. INFORMANT Sister Jeane
(ADDRESS) 2209 Hebert St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept. 6, 1937

19. UNDERTAKER Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.

20. FILED SEP 6 1937 J. H. Bredeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4-37, 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1/37, 19, to 9-4-37, 19

I last saw him alive on 9-4-37, 19. Death is said to have occurred on the date stated above, at 10:15 A.M.

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

Chronic Mastoiditis 8-50-37

Other contributory causes of importance:

Lateralsinus Thrombosis 8/30/37
Empyema of Pleural Costyle 9/4/37
Arteriosclerosis 8/30/37

Pulmonary Edema 9/4/37

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

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

If so, specify

(Signed) Arnold A. Cook, M. D.

(Address) 5300 Arsenal St.

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.

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