

WHILE FATHER USE CHANGING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE  
STANDARD CERTIFICATE

OF HEALTH  
OF DEATH

State File No. 431  
Registrar's No. 431

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: Masonic Home Hospital  
(d) Length of stay: In hospital or institution 8 yrs. 10mo and 5 days  
In this community 8 yrs. 10mo and 5 days

3. (a) PRINT FULL NAME James Mathew Gowen  
(b) If veteran, name war No.  
(c) Social Security No. None

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mrs. Frances E. Gowen, Dec'd  
6. (c) Age of husband or wife if alive None  
7. Birth date of deceased December 25, 1857

8. AGE: Years 82 Months 0 Days 19  
If less than one day hr. min.

9. Birthplace Annapolis, Missouri  
10. Usual occupation Railroad Section Foreman

11. Industry or business RETIRED  
12. Name Stanford Gowen  
13. Birthplace St. Louis, Missouri  
14. Maiden name Mary Jane  
15. Birthplace Unknown

16. (a) Informant's own signature James E. Hoppe  
(b) Address 5351 Delmar St. Louis Mo  
17. (a) Removal (b) Date thereof 1/16/40  
(c) Place: burial or cremation Annapolis, Mo.  
18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.  
19. (a) JAN 15 1940 (b) J. H. [Signature]

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 5351 Delmar Blvd.  
(e) If foreign born, how long in U. S. A. 12 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 14, year 1940 hour 2 minutes 55 P. M.  
21. I hereby certify that I attended the deceased from March 10, 1932 to January 14, 1940  
that I last saw him alive on January 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 4 mth  
Due to Diabetes Mellitus 3 yrs  
Due to Fractured Hip 3 days  
Other conditions 1860  
Major findings: Of operations 18  
Of autopsy 18

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) 1-11-1940  
(b) Date of occurrence ST. LOUIS MO  
(c) Where did injury occur? St. Louis Mo  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work put to floor (Specify type of place) (e) Means of injury put to floor  
23. Signature John [Signature] (M.D. or other) 1/15/40  
Address 5351 Delmar Blvd Date signed 1/15/40

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed

*Albert G. Hopp*

Licensed Embalmer No. 2971

P. O. Address \_\_\_\_\_

**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 this body is not embalmed, above space should be left blank.**