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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23196

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5641

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 26
(If outside city or town limits write "RURAL")

(d) Street No. 1501 Hebert St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James McGowan 250

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Feb. (Month) 14th (Day) 1890 (Year)

8. AGE: Years 50 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Storekeeper 9

11. Industry or business Self.

FATHER
12. Name James M. McGown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name May Kreinger
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Eula Hanna
(b) Address 4752 Beacon ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 4 (Day) 1940 (Year)
(c) Place: burial or cremation Mt Hope Cem East St Louis

18. (a) Signature of funeral director Hy. Leidner und Co.
(b) Address 2223 St Louis ave.

19. (a) JUL 2 1940 (Date received local registrar) (b) J. F. Breedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1, year 1940 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from June 22, 1940, to July 1, 1940 that I last saw him alive on July 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic Heart Disease

Due to Tavesis.

Due to

Other conditions: (Include pregnancy within 3 months of death) 83

Major findings:
Of operations None.
Of autopsy None.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature James T. Murphy (M. D. or other)
Address 1515 Lafayette, Date signed 7/1/40

(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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave.

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.