

No. 2
4-13-40
5-17-39
D I X23189

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9295**

Registration District No. **7917**

Primary Registration District No. **1003**

Registrar's No. **2705**

1. PLACE OF DEATH:

(a) County.....

(b) City or town. **SAINT LOUIS:**

(c) Name of hospital or institution:
SAINT JOHNS HOSPITAL: D
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME **CHARLES HUGH GOWL.**

3. (b) If veteran, name war. **unknown**

3. (c) Social Security No. **494-01-0638**

4. Sex **MALE D** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED/**

6. (b) Name of husband or wife **AMY SCHIEK GOWL.**

6. (c) Age of husband or wife if alive **60.** years

7. Birth date of deceased **FEBRUARY 2nd, 1878.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
63		I	23 hr. min.

9. Birthplace **HARRISONBURG / VIRGINIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **(RETIRED) SIX MONTHS.**

11. Industry or business **PUBLIC SERVICE: ST. LOUIS**

12. Name **KNUTE GOWL**

13. Birthplace **VIRGINIA.**
(City, town, or county) (State or foreign country)

14. Maiden name **ANNIE RITCHIE**

15. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS AMY SCHIEK GOWL**

(b) Address **7208 TULANE AVENUE.**

17. (a) **BURIAL** (b) Date thereof **MAR. 28/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **LAKE CHARLES CEMETERY**

18. (a) Signature of funeral director **C.R. LUPTON & SONS**

(b) Address **7233 DELMAR BLVD:**

19. (a) **MAR 26 1941** (b) *J. W. Breakeek*
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI:** (b) County **SAINT LOUIS: 26**

(c) City or town **UNIVERSITY CITY:**
(If outside city or town limits, write "RURAL") **N. 13 3**

(d) Street No. **7208 TULANE AVENUE:**
(If rural, give location) **1**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **mar** day **25** - year **1941** hour **12-15** minute **9** P. M.

21. I hereby certify that I attended the deceased from **march** 19**40**, to **march 25**, 19**41**; that I last saw him alive on **march 25**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis.**

Due to **Coronary disease**

Due to.....

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN **W. H. A.**

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?.....

While at work?..... (Specify type of place) (e) Means of injury **6**

23. Signature **R. H. Card** (M. D. or other)
Address **3901 Park Ave.** Date signed.....

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

39013 Park - ER-14114
JE-14116
4407 Fidelity
P. O. Address

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.....

Clarence A. Murray

Licensed Embalmer No.....

4011

P. O. Address.....

St. Louis, Mo

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, fact should be so stated above.