

FILED JUN 4 1943

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 4 days  
(Specify whether years, months or days) 2 years

3. (a) PRINT FULL NAME Jean Cowan

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased March 16 1889  
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 2 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business —

12. Name Graham

13. Birthplace Griffin GA.  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant James Cowan

(b) Address 1212a Jones St

17. (a) Burial (b) Date thereof 5-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Bur.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) MAY 20 1943 (b) J. F. Burech  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1212a Jones  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18,  
year 1943 hour 9 minute 24 A. M.

21. I hereby certify that I attended the deceased from April 14,  
1943 to May 18, 1943

that I last saw her alive on May 18, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia  
Degenerative Heart Disease

Due to —

Due to —

Other conditions —  
(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

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 —

23. Signature J. F. Burech (M. D. or other) —  
Address 2601 W. Webster Date signed 5/19/43

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

MOTHER, FATHER

Duration

Unk.

Unk.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 L. Boyer

Registered Apprentice No. My

working under my personal supervision.

Signed

L. Boyer

Licensed Embalmer No. 2946

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.