

FILED JUL 22 1943 B18

Registration District No.

1003

Registrar's No.

6852

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Isolation Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 Hours
(Specify whether years, months or days)
 In this community 4 Years

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. 1214 So. 7th.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME JAMES MONROE GOWER

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased May 7th 1917
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 2 8 _____ hr. _____ min.

9. Birthplace Piedmont, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Grover Gower

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

14. Maiden name Rhoda Smith

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

16. (a) Informant Rhoda Moore

(b) Address 1214 So. 7th

17. (a) Burial (b) Date thereof 7/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director A. W. M. Laughlin

(b) Address 2301 Lafayette Ave.

19. (a) JUL 15 1943 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
 year 1943 hour 12 minute 45 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
apoplexy

Due to _____
 Due to _____

Other conditions 0
(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) (d) Means of injury _____

23. Signature Alfred Y. Perry (M. D. or other) _____
 Address Regal, Missouri Date signed 7/16/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

L. R. Cooper

Licensed Embalmer No.....

3633

P. O. Address.....

2317 Lafayette

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.