

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
FILED JUL 26 1944 318 1003

State File No. 22912
Registrar's No. 6304

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:
St. Lukes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two weeks
In this community two years
(Specify whether years, months or days)

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. 2714a N. 9th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rudolph Cowan
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 single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 2, 1925
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15th
year 1944 hour 4.30 minute A M.
21. I hereby certify that I attended the deceased from Apr. 29th
1943 to July 15th, 1944;
that I last saw him alive on July 15th, 1944
and that death occurred on the day and hour stated above.

8. AGE: Years Months Days If less than one day
19 1 13 hr. min.

Immediate cause of death Tumor of Brain
Due to Malignant
Due to 54
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy TO

9. Birthplace Kenneth Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Highschool (student)

11. Industry or business
12. Name Elmer Cowan
13. Birthplace Van Bruen Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Viola Swan
15. Birthplace Poplar Bluff Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Elmer Cowan
(b) Address 2714a N. 9th St
17. (a) burial (b) Date thereof 7-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

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?
(e) While at work? (Specify type of place)
(f) Means of injury

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave
19. (a) JUL 17 1944 (b) J. F. Brueck
(Date received local registration) (Registrar's signature)

23. Signature J. F. Brueck (M.D. or other)
Address 4952 Maryland Ave Date signed 7-17-44

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

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 *Charles Goodhart*

Licensed Embalmer No. *2777*

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.