

S. No. 2
1-12-45
7-5-17-39
W I X47070

FILED NOV 25 1946
318

State File No. 38641

Registrar's No. 9221

Registration District No. Primary Registration District No. 1003

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(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. 2420 Coleman
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alonzo Elliot Gowan

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1946 hour 10 minute 30 E. M.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Velma Gowan 6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased May 21 1898
(Month) (Day) (Year)

Immediate cause of death Subacute thrombotic nephritis.

Due to arterio-sclerosis of some cerebral vessels

Duration one day

8. AGE: Years Months Days If less than one day

48	5	4	hr. min.
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Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Machinist-Woodworker

11. Industry or business _____

12. Name Richard Gowan

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

14. Maiden name Rose Sewald

15. Birthplace O'Fallon Illinois
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict

(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? Unk.

While at work? _____ (Specify type of place)

(e) Means of injury Gun

23. Signature Albert E. Naylor (Date or other) 12/28/46

Address Dep. Coroner Date signed _____

16. (a) Informant Rose Gowan

(b) Address De Soto, Missouri

17. (a) Burial (b) Date thereof 10-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Soto, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 28 1946 (b) J. J. Brodeck
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
37456

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..... *Elmer R. Cadwell*

Licensed Embalmer No..... *4077*

P. O. Address.....

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.