S. No. 2
M—5-43
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I X36671

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

41055

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 42278

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10497

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital
(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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3863 Gustine Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Clay A. Cowan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maude

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sep't. (Month) 18 (Day) 1878 (Year)

8. AGE: Years 68 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Marine (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Inspector

11. Industry or business U. S. Bureau, Animal Dep't.

FATHER
12. Name Clay Cowan
13. Birthplace (City, town, or county) NewYork (State or foreign country)

MOTHER
14. Maiden name Mary Murray
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Maude Cowan
(b) Address 3863 Gustine Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 9 46 (Month) (Day) (Year)
(c) Place: burial or cremation NEW SS PETER + PAUL

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 9 1946 (Date received local registrar) (b) J. F. Bradeak (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 6th year 1946 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug. 1946 to Dec. 6 1946 that I last saw him alive on Dec. 6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma generalized of abdomen — Duration 11 mo.

Due to Carcinoma of rt. testicle

Due to

Other conditions (Include pregnancy within 3 months of death)

51 C

Major findings: Of operation Carcinoma of testicle, Jan. 1946

Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edward J. Kelling (M. D. or other) MD

Address 3903 Olive Date signed 12-7-46

St. Louis 8 Mo.

(Licensed Embalmer's Statement on Reverse Side)

26501

10497

## 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 Edwin D McDermott

Licensed Embalmer No. 302

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.**