

FILED FEB 20 1948 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County: ST LOUIS MO
(b) City or town: ST LOUIS MO
(c) Name of hospital or institution: 4236 E PAGE
(d) Length of stay: 18 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: 050
(c) City or town: ST LOUIS MO
(d) Street No.: 4236 E PAGE
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: ANNIE COWAN
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO

20. DATE OF DEATH: Month Feb 2 day 1948 hour 6 minute 00 P.M.
21. I hereby certify that I attended the deceased from Jan 1 1948
that I last saw him alive on Feb 1 1948
and that death occurred on the date and hour stated above.

4. Sex: FEMALE
5. Color of hair: Col
6. (a) Status: Widowed
6. (b) Name of husband or wife: [blank]
6. (c) Age of husband or wife if alive: [blank] Years
7. Birth date of deceased: 3 2 1875 (Month Day Year)

MEDICAL CERTIFICATION
Immediate cause of death: Coronary Occlusion
Due to: Hypertension
Other conditions: [blank]
Major findings: [blank]
Of autops: [blank]

8. AGE: Years 72 11 0 Months Days If less than one day
9. Birthplace: MEMPHIS TENN
10. Usual occupation: HOUSEWORK

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

11. Industry or business: [blank]
12. Name: UNKNOWN
13. Birthplace: [blank]
14. Maiden name: [blank]
15. Birthplace: [blank]

22. If death was due to external causes, fill in the following:
(a) Information: Mrs. Idameta Hall
(b) Address: 4236 E PAGE
(c) Date of occurrence: 2-7-48
(d) Where did injury occur?: Washington Park
(e) Disinjury occur in or about home, on farm, in industrial place, in public place, or in other place (Specify type of place): [blank]
(f) Means of injury: [blank]
(g) Signature: [blank] (M. D. or other)
(h) Address: 2337 Maple
(i) Date signed: 2/5/48

16. (a) Information: Mrs. Idameta Hall
(b) Address: 4236 E PAGE
17. (a) Burial, cremation, or removal: [blank]
(b) Date thereat: 2-7-48
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: [blank]
(b) Address: 3103 Washington
19. (a) Date received local registrar: FEB 6 1948
(b) Registrar's signature: [blank] Address: 2337 Maple

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.....

W. Claude Gordon

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. March
Registrar's No. 1252

Registration District No. 318

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:

(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)

3. (a) PRINT FULL NAME Annie Cowan

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

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased March 2
(Month) (Day) (Year)

8. AGE: Years 72 Months Days (If less than one day) hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

13. (a) Signature of funeral director.....

(b) Address.....

19. (a) 2-6-1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 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.....

Duration

Due to.....

Due to.....

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

Major findings:
Of operations.....

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

23. Signature..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

MAR 2 1948

1948

S-6229