

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6623**
1401

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE MISSOURI b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION METROPOLITAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 2343 OLIVE ST.	

3. NAME OF DECEASED (Type or Print) CHARLES	a. (First)	b. (Middle)	c. (Last) SCOWN	4. DATE OF DEATH FEB 12TH 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN. 26TH 1884	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK	10b. KIND OF BUSINESS OR INDUSTRY DR. KELLOGG	11. BIRTHPLACE (State or foreign country) ST. LOUIS, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME EDWARD SCOWN	13b. MOTHER'S MAIDEN NAME JOHANNA LEIMEISTER	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME SADIE SCOWN	ADDRESS 4919 NATL. BRIDGE BL.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver		
	ANTECEDENT CAUSES Chronic Myocarditis		
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5810	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:20 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph M. [Signature] Deputy Registrar	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2/14/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-15-49	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO., Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 14 1949 J. B. Fowler	25. FUNERAL DIRECTOR'S SIGNATURE GALVIN F. FEUTZ	ADDRESS 4828 NATL. BR. BL.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Ronald Yahnek

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

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.