

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31798

8209

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS,</b>		2059			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>5653 CLEMENS AVE.,</b>				d. STREET ADDRESS (If rural, give location) <b>5 5653 CLEMENS AVE.,</b>					
3. NAME OF DECEASED (Type or Print) <b>THOMAS</b>		a. (First)		b. (Middle) <b>ROBERT</b>		c. (Last) <b>McGOWAN.</b>			
4. DATE OF DEATH <b>Sept. 29, 1950</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			
8. DATE OF BIRTH <b>April 14, 1882</b>		9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>American Brake Co.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo. (1)</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Irving McGowan</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ann Orma.</b>		14. NAME OF HUSBAND OR WIFE <b>Sarah E. McGowan.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>169-05-7937</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sarah E. McGowan; 5653 Clemens Ave.</b>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis - several previous attacks -</b> DUE TO (c) <b>Hypertension and arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arrhythmia Fibrillation</b>				INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		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 <b>July 7, 1950</b> to <b>Sept 29, 1950</b> , that I last saw the deceased alive on <b>Aug - 29, 1950</b> and that death occurred at <b>1:30 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>P. J. Jay, M.D.</b> (Degree or title)				23b. ADDRESS <b>440 Mo. Theater Bldg</b>		23c. DATE SIGNED <b>29/9/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/2/1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>SEP 29 1950</b>		REGISTRAR'S SIGNATURE <b>J. Phosphate</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons: 7233 Delmar Blvd.</b>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.