

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13318**  
Registrar's No. **3146**

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) <b>24 YEARS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5232 TERRY AVE</b>				d. STREET ADDRESS (If rural, give location) <b>5232 TERRY AVE.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>JAMES</b>		b. (Middle) <b>LOUIS</b>		c. (Last) <b>COWAN</b>	
4. DATE OF DEATH		(Month) <b>APRIL</b>		(Day) <b>6</b>		(Year) <b>1954</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>		8. DATE OF BIRTH <b>SEPT 26, 1903</b>	
9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <b>ST LOUIS</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PIPE FITTER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>HEATING CONTRACTOR</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES R. COWAN</b>		13b. MOTHER'S MAIDEN NAME <b>MOLLIE RYAN</b>		14. NAME OF HUSBAND OR WIFE <b>ANN SCHUCHMANN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>ROBERT COWAN</b> ADDRESS <b>5409a ST. LOUIS</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subacute Pancreatitis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 mo</b>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbidity 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. <b>Chronic Myopia</b>				4 mo.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>587.1</b>			
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>Dec 6, 1953</b> , to <b>April 6, 1954</b> , that I last saw the deceased alive on <b>Dec 6, 1953</b> , and that death occurred at <b>5 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Richard H. Himmel</b>				23b. ADDRESS <b>246 St. Louis Ave.</b>		23c. DATE SIGNED <b>4-6-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>APRIL 9, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
DATE REC'D BY LOCAL REG. <b>APR 7 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Cullen Kelly 7267 NATURAL BRIDGE</b>			

R.P. (Licensed Embalmer's Statement on Reverse Side)

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.

Student .....  
Student Embalmer

Signed James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.