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Reg. #9643

SL #6426

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27557**
Registrar's No. **7320**

BIRTH NO. **FILED SEP 8 1955** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) 915 N. Grand, St. Louis, Mo. | | c. LENGTH OF STAY (in this place) 44 days | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL | | STREET ADDRESS (If rural, give location) 3863 Gustine | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ROLAND b. (Middle) L. c. (Last) COWAN | 4. DATE OF DEATH (Month) (Day) (Year) August 21, 1955 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH 3/17/10 |
| 9. AGE (In years last birthday) 45 | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days | IF UNDER 15 MIN. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Representative | | 10b. KIND OF BUSINESS OR INDUSTRY Truck Company | 11. BIRTHPLACE (City and State or Foreign Country) E. St. Louis, Ill. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | |
| 13a. FATHER'S NAME Clay A. Cowan | | 13b. MOTHER'S MAIDEN NAME Maudie M. Carroll | 14. NAME OF HUSBAND OR WIFE - - - - - |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | 16. SOCIAL SECURITY NO. 494-09-4002 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp. Records, St. Louis, Mo. | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma ANTECEDENT CAUSES 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. | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| 19a. DATE OF OPERATION 8-1-55 | 19b. MAJOR FINDINGS OF OPERATION Mediastinal Tumor (Malignant) | | 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) VA | 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 7/8 , 1955, to 8/21 , 1955, and that death occurred at 7:00 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE H. LUKE | | 23b. ADDRESS 915 N. Grand VA Hosp., St. Louis, Mo. | 23c. DATE SIGNED 8-21-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Aug. 24, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. |
| DATE REC'D BY LOCAL REG. AUG 22 1955 | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. | |

(Licensed Embalmer's Statement on Reverse Side)

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. 514 working under my personal supervision.

Student George W. Kriegshauser, Jr.
Signature of Student Embalmer

Signed William R. White

Licensed Embalmer No. 422

P. O. Address 4228 1/2 King St.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.