

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **19126**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **1066**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>PINE LAWN</b>		c. CITY OR TOWN <b>PINE LAWN MO</b>	
c. LENGTH OF STAY (In this place) <b>3 years</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3709 MANOLA</b>		STREET ADDRESS (If rural, give location) <b>4320 OAKWOOD</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNIE</b>	b. (Middle) <b>COWAN</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 25-1956</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB 20-1884</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>5</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SCOTLAND</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JAMES HUGHES</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>ROBERT COWAN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (Specify)) <b>NO</b>	16. SOCIAL SECURITY NO. <b>082-12-8407</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Robert Cowan</b>	ADDRESS <b>SUNBURY 5339</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardiovascular disease</b>		
	DUE TO (c) <b>unknown</b>		
	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	20. AUTOPSY? YES <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 19, 1953** to **April 25, 1956**, that I last saw the deceased alive on **April 23, 1956**, and that death occurred at **9 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Lewis Littmann MD</b>	23b. ADDRESS <b>8231 Clayton Rd (17)</b>	23c. DATE SIGNED <b>4/26/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-27-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>VAL HALLA CEM</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY - MO</b>
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DATE REC'D BY LOCAL REG. <b>4-26-56</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Romberg MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>L.B. Tanner</b>	ADDRESS <b>5107 Natural Bridge</b>
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(Licensed Embalmer - Statement on Reverse Side)

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

1956 JUN 20 11:07

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 .....  
Signature of Student Embalmer

Signed *J. W. Pringle* .....  
Licensed Embalmer No. *3655* .....  
P. O. Address *St. Louis - 8* .....

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.