

Registration District No. _____ Primary Registration District No. _____ 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, give TOWNSHIP only) OR TOWN <i>St. Louis</i>				Length of stay in 1b		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>W.O.A Hosp No I</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>1416 1/2 Franklin</i>	
3. NAME OF DECEASED (Type or print) First <i>Lorenza</i> Middle <i>Gowdy</i> Last <i>Gowdy</i>				4. DATE OF DEATH Month <i>8</i> Day <i>22</i> Year <i>60</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>negro</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 7 1923</i>	9. AGE (last birthday) <i>37</i>	IF UNDER 1 MONTH Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Labor</i>		11. BIRTHPLACE (City and state or country) <i>York Ala.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
13a. FATHER'S NAME <i>Monroe Gowdy</i>			13b. MOTHER'S MAIDEN NAME <i>Hattie Atkins</i>			14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes War II</i>			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Cora Bell Sanders-1827 Franklin</i> Address <i>near</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Tuberculosis of the right lung</i>							
DUE TO (b) <i>Old injury to the right</i>							
DUE TO (c) <i>Wentzile</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>002x</i>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year: _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21: I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <i>840A</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Robert Smith</i>				22b. ADDRESS <i>1300 Claib</i>		22c. DATE SIGNED <i>8-24-60</i>	
23a. FINAL CREMATION, REBURYAL (Specify) <i>Ship</i>	23b. DATE <i>8-28-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Birmingham</i>		23d. LOCATION (City, town, or county) <i>Bessemer Ala.</i>		(State)	
24. FUNERAL DIRECTOR <i>A.H. Burks</i>			ADDRESS <i>3506 Franklin</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 24 1960</i>	26. REGISTRAR'S SIGNATURE <i>Robert Smith M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 15 1960

MAR 15 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leroy U. Bannitt

Licensed Embalmer No. 4523

P. O. Address 4251 Wash

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.