

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42361**

**FILED** JAN 5 1946

Registration District No. **317**

Primary Registration District No. **3069**

Registrar's No. **2945**

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Richmond Heights  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution St. Mary's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Phelps  
 (c) City or town St. James  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Frank Bowen  
 (b) If veteran, name war No  
 (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Dec. day 25  
 year 1945 hour 30 minute P. M.  
 21. I hereby certify that I attended the deceased from October 15  
1945, to Dec. 25 1945  
 that I last saw him alive on Dec. 25  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widower  
 (b) Name of husband or wife Linda  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan. 17 1872  
 (Month) (Day) (Year)

Immediate cause of death Bowel obstruction  
Anemia  
 Duration 9 mo.  
 Due to \_\_\_\_\_  
 Due to Senility  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>11</u>	<u>8</u>	hr. _____ min. _____

9. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation General Laborer

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name Unknown  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Smiljanich  
 (b) Address 6774 Manchester  
 17. (c) Burial (d) Date thereof 12-29-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (e) Place: burial or cremation St. James, Mo.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_  
 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.  
 19. (a) 12-29-45 (b) ES, W. D. ...  
 (Date received local registrar) (Registrar's signature)

23. Signature A. Steiling (M. D. \_\_\_\_\_)  
 Address 726 Manchester Date signed 12-27-45

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Elmer R. Calwell*.....

Licensed Embalmer No..... *4077*.....

P. O. Address.....

**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.**