. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 12 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22496

Registration District No. 318 Primary Registration District No. 1095 Registrar's No. 6397

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5784 Pershing Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5784 Pershing Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lucie Bowman Metcalfe
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lyne S. Metcalfe
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 16 (Day) - 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
87	5	16	hr. min.

9. Birthplace Danville (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Abram Hite Bowman
13. Birthplace Lexington, Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Atwood Tomlinson
15. Birthplace Lexington, Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Gladys Metcalfe Brown
(b) Address 5784 Pershing Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd.
19. (a) JUL 5 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 2nd year 1947 hour 7 minute P. M.
21. I hereby certify that I attended the deceased from 1897, 19..., to July 2, 1947 that I last saw him alive on July 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	1 wk
Due to Arteriosclerosis	7 yrs
Due to Chronic myocarditis	7 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

23. Signature Walter B. Goet (M. D. or other) MD
Address 6635 Delmar Date signed 7-3-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Walter B. Yost
6635 Delmar Blvd.
PA-1724

16-1

Reg. CA-1113

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.