

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2319

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give town). <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township). <u>St. Charles</u>	
c. LENGTH OF STAY (in this place) <u>Life time</u>		d. STREET ADDRESS (If rural, give location) <u>815 South Sixth</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>	b. (Middle) <u>E.</u>	c. (Last) <u>BOWLES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 5-1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 8-1872</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William Keiser</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Roth</u>	14. NAME OF HUSBAND OR WIFE <u>James E. Bowles</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James E. Bowles</u>	ADDRESS <u>St. Charles, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma ovary and uterus</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with generalized abdominal metastasis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>-</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	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) _____	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 Feb, 1948, to Jan 5, 1949, that I last saw the deceased alive on Dec 6, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>William Keiser</u>	(Degree or title)	23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>1/5/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan 8-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Ev. Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-8-49</u>	REGISTRAR'S SIGNATURE <u>Francis Hamelky</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Hallmeyer & Sons Co</u>	ADDRESS <u>800 N. 2nd St. Charles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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