

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 24623
Registrar's No. 6554

BIRTH NO. _____		REG. DIST. NO. <u>348</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>6554</u>			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>St Louis</u>)		c. LENGTH OF STAY (in this place) (township) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				STREET ADDRESS (If rural, give location) <u>27 2800a Dayton</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alice</u>		b. (Middle)		c. (Last) <u>Bowman</u>			
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>24</u>		(Year) <u>1949</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>3 Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>MAY 18 1890</u>			
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR 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) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>LOT DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>LIZA JAMES</u>		14. NAME OF HUSBAND OR WIFE <u>John Bowman</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Holmes</u> ADDRESS <u>2800 Dayton</u>					
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Unk	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)				DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>832</u>					
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? <u>332X</u>					
22. I hereby certify that I attended the deceased from <u>July 14, 1949</u> , to <u>July 24, 1949</u> , that I last saw the deceased alive on <u>July 14, 1949</u> , and that death occurred at <u>2:00 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A. J. Thompson M.D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>7-25-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PK.</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Fasator</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walton</u>		ADDRESS <u>2709 Stoddard</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed *Arthur L. Heilbard*

Licensed Embalmer No. *4221*

P. O. Address *4049 St Ferdinand*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.