

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27882

State File No. 7606

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS 17	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3822 LAFAYETTE AVE 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3822 LAFAYETTE AVE			

3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) M c. (Last) BOWERS			4. DATE OF DEATH (Month) (Day) (Year) AUG 29 49		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN 2 1882		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 7 Days 17		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) RETIRED TOBACCO MAKER			10b. KIND OF BUSINESS OR INDUSTRY LIGGETT & MEYER			11. BIRTHPLACE (State or foreign country) OWENS BURG KENTUCKY			12. CITIZEN OF WHAT COUNTRY?		
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13a. FATHER'S NAME WILLIAM F BOWERS			13b. MOTHER'S MAIDEN NAME BRIDGETT CRAHEN			14. NAME OF HUSBAND OR WIFE TILLIE BOWERS		
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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) NO		16. SOCIAL SECURITY NO. 489-10-5611		17. INFORMANT'S SIGNATURE OR NAME Tillie Bowers		ADDRESS 3822 Lafayette Ave	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION				INTERVAL BETWEEN ONSET AND DEATH 5 MIN	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE 2 MOS.					
		- DUE TO (c) GENERALIZED ARTERIOSCLEROSIS 10 YEARS					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NONE			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97	
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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 AUG. 1, 1949, to AUG. 29, 1949, that I last saw the deceased alive on AUG 29, 1949, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE Robert A. Hall MD		(Degree or title)		23b. ADDRESS 3902 LAFAYETTE ST. LOUIS, MO		23c. DATE SIGNED SEPT. 1, 1949	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT 2 - 1949		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
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DATE REC'D BY LOCAL REG. SEP 1 1949		REGISTRAR'S SIGNATURE J. B. Lacater		25. FUNERAL DIRECTOR'S SIGNATURE Wm J. Robert King & Sons Co		ADDRESS 1905 S Grand	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3822 LAFAYETTE

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

L. Allen Davis Jr.
Licensed Embalmer No. *4053*
P. O. Address *St. Louis, Mo.*

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.