

STANDARD CERTIFICATE OF DEATH

#108311

318

1003

State File No. 4603
Registrar's No.

BIRTH NO. #108311		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4603	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		3. 129	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 4956 Page Ave., 0			
3. NAME OF DECEASED (Type or Print)		a. (First) CLARA		b. (Middle) BOWMAN		c. (Last)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) May 23rd, 1950	
8. DATE OF BIRTH July 18th, 1890		9. AGE (In years last birthday) 59		10. MONTHS 10		11. DAYS 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Freeburg, Illinois /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Clark		13b. MOTHER'S MAIDEN NAME Mc Bride		14. NAME OF HUSBAND OR WIFE Frank Bowman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME WITH ADDRESS GERTRUDE FRANCIS, 317 BRAND AVE., BARRACKS, MO. JEFFERSON			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anteromaxillary Arteriosclerosis of lower extremities with Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Jaundice, Bilateral DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 5-23-50		19b. MAJOR FINDINGS OF OPERATION marked arteriosclerosis				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)			
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? H301			
22. I hereby certify that I attended the deceased from 3/13/50, 19, to 5/23/50, 19, that I last saw the deceased alive on 5/23/50, 19, and that death occurred at 12:55 AM from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 5/23/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/26/50		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. MAY 24 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz 4828 Natural Bridge			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ralph C. Linders

Signed.....

Student Embalmer

Licensed Embalmer No. *4275*

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.