

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21387

318

State File No. ....

1003 Registrar's No. 4694

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 week</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2239		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2701 Eads Avenue</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>LAURA</b>		b. (Middle) <b>BLANCHE</b>		c. (Last) <b>BOMANN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 27-1950</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>		8. DATE OF BIRTH <b>April 11, 1883</b>		
9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>DuQuoin, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Oliver C. Hulford</b>			13b. MOTHER'S MAIDEN NAME <b>Jemima Wotben</b>		14. NAME OF HUSBAND OR WIFE <b>Walter H. Bomann</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Forest D. Hudgens 2701 Eads Avenue</b>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ostelectasis, Surgical shock</b> <b>Abdominal Perineal Resection</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... <b>following operation for perineal resection at Lutheran Hospital on May 27 1950</b> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>at about 10 15 am</b>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? (NOT WHILE AT WORK) <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>378X</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10 15 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Deceased or title) <b>Patrick L. Taylor, 3. Colonel</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>5-28-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-3-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Evergreen</b>		24d. LOCATION (City, town, or county) (State) <b>Ava, Illinois</b>		
DATE REC'D BY LOCAL REG. <b>MAY 29 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Barater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLAUGHLIN FUNERAL HOME, INC. 2301 Lafayette Av</b>				

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

4694

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 James R. Chapman

Licensed Embalmer No. 4550

P. O. Address Wichita Falls

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.