

FILED AUG 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 28026  
Registrar's No. 7009

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 township) OR TOWN *St. Louis, Mo*

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *St. Louis* 2269

c. LENGTH OF STAY (In this place) 4 YEAR

d. STREET ADDRESS (If rural, give location) 2107 7/2 Wharf St.

3. NAME OF DECEASED  
a. (First) John b. (Middle) William c. (Last) Bowen

4. DATE OF DEATH (Month) (Day) (Year) Aug 15, 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan 8, 1876

9. AGE (In years last birthday) 76 Months 7 Days 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad man

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Glenwood W. Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Johnson Bowen

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Beatrice Bowen

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. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beatrice Bowen 2107 Wharf

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) *Brauche Immunaria*  
*Intertrochanteric Fr of right hip*  
*Intertrochanteric*  
ANTECEDENT CAUSES  
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*  
*Emaciation Cause and*  
*in manner of same could not*  
*be determined*  
DUE TO (b) \_\_\_\_\_  
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 \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION *Open Fracture*

20. AUTOPSY? YES  NO

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) *69369*

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? *118*

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 *4:00 P.* m., from the causes and on the date stated above.

23a. SIGNATURE *Wm. Henry Dyer* (Degree or title) \_\_\_\_\_

23b. ADDRESS *1300 Clark*

23c. DATE SIGNED *8/17/50*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24b. DATE *Aug 18, 50*

24c. NAME OF CEMETERY OR CREMATORY *St. Peters Cem.*

24d. LOCATION (City, town, or county) (State) *Lucas, Mo.*

DATE REC'D BY LOCAL AUG 18 1950

REGISTRAR'S SIGNATURE *J. B. Foster*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Bull Campbell Mortuary 4215 Lindbergh St.*

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

1349

**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 Rex B Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis 8 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.