

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28029**
Registrar's No. **7039**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood	4683
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS (If rural, give location) 224 E. Adams	

3. NAME OF DECEASED (Type or Print)		a. (First) Ida	b. (Middle) B	c. (Last) Bowman	4. DATE OF DEATH (Month) (Day) (Year) Aug 16 1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 14, 1870		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Boone Co., Mo.		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Squire C. Roberts		13b. MOTHER'S MAIDEN NAME Margaret Green		14. NAME OF HUSBAND OR WIFE G. A. Bowman (dec)	
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 Laura Pauch, Kirkwood, Mo.	

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) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 6 days.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) (Supp report)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) None		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?	

22. I hereby certify that I attended the deceased from **8-11, 1950**, to **8-16, 1950**, that I last saw the deceased alive on **8-16, 1950**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE A. J. Steiner		(Degree or title) MD		23b. ADDRESS 627 Missouri Theatre Bldg.		23c. DATE SIGNED 8/18/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Aug 19, 1950		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.	
DATE REC'D BY LOCAL REG. AUG 19 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc.		ADDRESS Kirkwood, Mo.	

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

63034

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 Felix Hernandez

Licensed Embalmer No. 3034

P. O. Address W. K. Wood 22 m

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.