

FILED OCT 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34605
State File No. 7817
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 34605		Registrar's No. 7817			
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 5 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy			4171			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital					d. STREET ADDRESS (If rural, give location) 6333 Woodland Ave.						
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence A. b. (Middle) Bowman c. (Last) Bowman					4. DATE OF DEATH (Month) (Day) (Year) Sept. 14 1950						
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 16 1894		9. AGE (In years last birthday) 55			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse clerk			10b. KIND OF BUSINESS OR INDUSTRY Shoe Co.		11. BIRTHPLACE (State or foreign country) St. James Mo.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Samuel Bowman			13b. MOTHER'S MAIDEN NAME Emma F. Cartall			14. NAME OF HUSBAND OR WIFE Florence M. Bowman					
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 Florence Bowman; 6333 Woodland Ave						
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) <u>Carcinoma of Liver</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. 19a. DATE OF OPERATION 9-11-50					19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of liver, with Metastases</u>					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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? 1510A						
22. I hereby certify that I attended the deceased from January, 1950, to Sept 14, 1950, that I last saw the deceased alive on Sept 14, 1950, and that death occurred at 8:45p m., from the causes and on the date stated above.											
23a. SIGNATURE C. R. McAdams M.D. (Degree or title)					23b. ADDRESS 906 Olive, St. Louis			23c. DATE SIGNED 9-15-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 9/18/50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.					
DATE REC'D BY LOCAL REG. SEP 15 1950		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral; 1905 Union Blvd.						

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

Dr. C. R. McAdams;
Frisco Bldg.

(12 to 2)

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.

Signed.....
Student Embalmer

Signed Albert R. Thompson
Student Embalmer No.....

Licensed Embalmer No. 2125-10

P. O. Address St. Louis

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.