

FILED DEC 27 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 43114

BIRTH NO. 25007-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2947

1. PLACE OF DEATH a. COUNTY St. Louis			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 Clayton Richmond Hgt. 2 da.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			d. STREET ADDRESS (If rural, give location) 3309a Eads Ave. 1		
3. NAME OF DECEASED (Type or Print) INFANT (UN-NAMED)			a. (First)	b. (Middle)	c. (Last) BOWERS
4. DATE OF DEATH (Month) (Day) (Year) DEC 5 1950	5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 12-3-1950	9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months IF UNDER 24 HRS. Hours IF UNDER 60 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Bowers	13b. MOTHER'S MAIDEN NAME Zelpha Dickey	14. NAME OF HUSBAND OR WIFE	
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 James Bowers, above			
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION PREMATURE INFANT 6 1/2 months  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH
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)	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) (Min.)	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 Dec 3, 1950, to Dec 5, 1950, that I last saw the deceased alive on Dec 5, 1950, and that death occurred at 7:55 A.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Therest J Townsend MD			23b. ADDRESS 3101 <sup>a</sup> Sutton Ave Maplewood Mo		23c. DATE SIGNED 12-5-50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Burial Final 12-7-50	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	24d. LOCATION (City, town, or county) (State) Hamilton, Mo.		
DATE REC'D BY LOCAL REG. 12/6/50	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH, 1450 Manchester Ave. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

1005

**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..... Student Embalmer  
Signed..... Licensed Embalmer No. ....

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.