

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43698  
10919

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>10919</u>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u>		4336	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DE PAUL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>6820 DELMAR BLVD</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>NEWTON</u>		b. (Middle) <u>J</u>		c. (Last) <u>BOWMAN.</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>Dec.</u>		<u>20,</u>		<u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 3, 1885</u>	
9. AGE (In years last birthday)		10. MONTHS		11. DAYS		12. HOURS	
<u>65</u>		<u>9</u>		<u>18</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Graham Paper Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Clyde, Kansas.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Lillian S. Bowman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-09-7085-A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillian S. Bowman, 6820 Delmar Blvd.</u>			
17. ADDRESS							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u>					INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
		ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u>					
		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		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? <u>334X</u>			
22. I hereby certify that I attended the deceased from <u>12/19</u> , 19 <u>50</u> , to <u>12/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/20</u> , 19 <u>50</u> , and that death occurred at <u>6 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L.R. J. ...</u>			(Degree or title)		23b. ADDRESS <u>539 No. Grand Blvd.</u>		
23c. DATE SIGNED <u>12/21/50</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>		24b. DATE <u>12-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 21 1950</u>		REGISTRAR'S SIGNATURE <u>J. O. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</u>			
				ADDRESS			

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

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.....  
*Arnold W. Schoene*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, 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.