

S. No. 300
v. 110-48

FILED MAR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10860

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 363 Registrar's No. 650

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryland Heights 4250	
c. LENGTH OF STAY (in this place) 6 da.		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) _____ c. (Last) BOWLES			4. DATE OF DEATH (Month) (Day) (Year) MAR. 11 1951		
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5. SEX Male ✓	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-18-1899	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gen'l day labor	10b. KIND OF BUSINESS OR INDUSTRY Alton Brick Co.	11. BIRTHPLACE (State or foreign country) Bern Ridge, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Anderson Bowles	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Sarah Bowles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 486-18-4635	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Bowles, Maryland Hts., Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sacral decubiti			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 331X
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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?
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22. I hereby certify that I attended the deceased from **2-25-1951** to **3-11-1951**, that I last saw the deceased alive on **3-11-1951**, and that death occurred at **11:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. D. M.D.	23b. ADDRESS 601 S. Brentwood Clayton 5, Mo.	23c. DATE SIGNED 3-11-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-17-51	24c. NAME OF CEMETERY OR CREMATORY Music Cemetery	24d. LOCATION (City, town, or county) (State) Maryland Hts., Mo.
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DATE RECD. BY LOCAL REG. 3/13/51	REGISTRAR'S SIGNATURE Robert P. Lomb	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Russell Und., Co. 2732 Pine Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

4002

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 Charles Yarny

Signed.....

Student Embalmer

Licensed Embalmer No. 33710

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.