S. No.300	FILED APR 27 1951 STANDARD CERTIFICATE OF DEATH									13			
v. 10.48	BIRTH NO		REG. DIST.		PRIMARY REG.		0034	te File No	30	85			
	I. PLACE OF DEA	ATH	_ REG. DIST.	NO		RESIDENCE		istrar's No	Henrica				
	a. COUNTY	a. STATE	Missouri	b. C0	YTNUC	HIGHOG, I	admission).						
	b. CITY (If outside ea	propurate limits, write R	URAL and give township)	c. LENGTH OF STAY (in this place	c. CITY (H o	outside corporate limi	ts, write RURAL	and give town	ehip)	2-9			
RECORD	d. FULL NAME OF	STREET 2 24 DORESS	St. Lor	11 S , give location)	<u> </u>	-A-0							
ွင့်င	HOSPITAL OR INSTITUTION	2312 Walnutt											
	3. NAME OF DECEASED (Type or Print)	a. (First)	b.	(Middle)	c. (Las	,	4. DATE OF DEATH	(Month)	(Day)	(Year) 195511.			
N		Louise COLOR OR RACE	7. MARRIED, N	EVER MARRIED, IVORCED (Specify)	Bowman		9. AGE (In y	S P DIOER		TADEAT.			
E E		Colored	WIDOWED D Singl	IVORCED (Specify)	Oct: 5,	STEINY	last birthday	y) Months		Min.			
PERMANENT	10a. USUAL OCCUPATIO done during most of worki None	ON (Give kind of work		BUSINESS OR IN- DUSTRY	1	CE (Blas Vor torolen Ouis, Miss		0		NOF WHAT			
A F	13a. FATHER'S NAME			OTHER'S MAIDEN	NAME		ME OF HUSBA	ND OR WIFE					
' 1.	Herman Bow			Mattie Was									
MAKE	15. WAS DECEASED EVE (Yes. no. of unknown) (II NO	R IN U.S. ARMED F	of service)	one		<mark>iant's sign</mark> George Wai			AC F: ir	DRESS mey			
INK—	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) then overcome with smoke from fire in bas												
BLACK	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ANTECEDENT CA Morbid conditions rise to the above ca the underlying cau.	, if any, giving Di	ието (b) <u>2:4</u> rmined o	l <u>p.m. 1</u> rigin. 1	<u>March 28</u> Estimate	<u>. 1951</u> d damag	<u>. Fire</u> ge not	of not	unde- ed.			
{ J	ease, injury, or complica- tion which caused death.	II. OTHER SIGNIF Conditions contributed to the disease	ICANT CONDITIO	DE TO (c) Mr. ONS has re ut not ing death. prop	ceived 1	informat	ion and	i will	see	that			
UNFADING	19a. DATE OF OPERA- TION	19b. MAJOR FIND	INGS OF OPERA	rion condi	tion rel	lative p	rior to			OPSY?			
ING	ZIA. ACCIDENT SUICIDE HOMICIDE ACC	(Specify) 2 cident	tib. PLACEOFINJ home, farm, factory, o At hoi	JRY (e.g., in or about treet, office bldg., etc.) DC	1	wn.or townshi		COUNTY) J r1	(57	ATE)			
—USING	21d. TIME (Month) OF INJURY 3	2:	21e. INJ WHILE AT WORK	URY OCCURRED NOT WHILE AT WORK	211. HOW DID	(see ad	ove)		69	160			
PLAINLY	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at 2: 41p.m., from the causes and on the date stated above.												
	3 SIGNATURE Street	E. Tay	lor 3 C	(Degree or title)	300 ADDRESS	Clar	6		230. DAT	E SIGNED			
WRITE	Zid. BURIAL, CREMA TION REMOVAL (Breatly DUT1 31	246. DATE () 4-4-195]	. 1	AME OF CEMETER Oakdale	Cemetery	<u> </u>	e May	wn, or count	Misso	(State) Uri			
	DATE REC'D BY LOCAL REG.	REGISTRAR'S SI	GNATURE		25 TUNERAL	DIRECTOR'S S	SAUTARE		DRESS				
<u> </u>	77.11.22	1 7. 13	ras	سنور	(1) X	- por		1221 N	. Gr	and			
	" \$ 10pg	_	(Lice	nsed Embalmer's S	resement on Rea	eres Dags)							

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the	ne reverse side of this c	eruncate wa	is empaimed by me,	or by

working under my personal supervision.	s	itudent Emb	almer No	
C.	_			

Licensed Embalmer No. 4755

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. ,