

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17853

State File No.

FILED JUN. 5 1951

Registrar's No. 4926

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4926									
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.				c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis									
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital				d. STREET ADDRESS (If rural, give location) 1954 Senate Avenue				2239							
3. NAME OF DECEASED (Type or Print) a. (First) Bernice			b. (Middle) _____			c. (Last) Bowen			4. DATE OF DEATH (Month) 5-24-51 (Day) _____ (Year) 1951						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 12-22-13		9. AGE (In years last birthday) 37		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 11 WKS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk				10b. KIND OF BUSINESS OR INDUSTRY F W Woolworth Co.				11. BIRTHPLACE (State or foreign country) Festus, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Augustus Bowen				13b. MOTHER'S MAIDEN NAME Mary Coleman				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 Address Vida Dohrmann 1905 So. Jefferson Av							
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.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Glomerulo nephritis - UREMIA with malignant hypertension and</i></p> <p>ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i></p> <p>DUE TO (b) <i>Cardiac insufficiency (not cause of death)</i></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>								INTERVAL BETWEEN ONSET AND DEATH 20 years? 1 year? 3 years?					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>592X</i>											
22. I hereby certify that I attended the deceased from <i>5-16-51</i> , 19____, to <i>5-24-51</i> , 19____, that I last saw the deceased alive on <i>5-24-51</i> , 19____, and that death occurred at <i>4:15 P.m.</i> , from the causes and on the date stated above.															
23a. SIGNATURE <i>M. L. Gochman</i> (Degree or title) <i>M.D.</i>						23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.			23c. DATE SIGNED _____						
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-28-51		24c. NAME OF CEMETERY OR CREMATORY Calvary				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri							
DATE REC'D BY LOCAL REG. MAY 27 1951		REGISTRAR'S SIGNATURE <i>J. B. Fasola</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McLaughlin's</i> 2301 Lafayette Avenue									

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

L. R. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.