

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

 State File No. **38740**
 Registrar's No. **10787**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 38740		Registrar's No. 10787					
1. PLACE OF DEATH a. COUNTY _____				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 St. Louis			c. LENGTH OF STAY (in this place) 40 yrs.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2069				
d. FULL NAME OF HOSPITAL OR INSTITUTION 4964 Maffitt Place				d. STREET ADDRESS (If rural, give location) 4964 Maffitt Place						0			
3. NAME OF DECEASED (Type or Print) a. (First) Eli			b. (Middle) M.			c. (Last) Bowers			4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1951				
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 29, 1890		9. AGE (In years) (last birthday) 61		IF UNDER 1 YEAR OF UNDER 12 HRS. Min. 10 1			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker				10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (State or foreign country) Whitesville, Tennessee			12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME Charlie Bowers				13b. MOTHER'S MAIDEN NAME Sallie Brown				14. NAME OF HUSBAND OR WIFE Mrs. Ruth Anne Bowers					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Anne Bowers						ADDRESS 4964 Maffitt	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia Bron. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 332X									
22. I hereby certify that I attended the deceased from 11-9-1951 to 11-30-1951 , that I last saw the deceased alive on 12-1-1951 , and that death occurred at 12:45 PM the causes and on the date stated above.													
23a. SIGNATURE Oral S. McClellan (Degree or title) M.D.						23b. ADDRESS 4200a Eastern Ave			23c. DATE SIGNED 12-4-51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 6, 1951		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		24d. LOCATION (City, town, or county) St. Louis Co.		(State) Missouri					
DATE REC'D BY LOCAL REG. DEC 5 1951		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS 3847 Page					

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

P. F. Nash

Signed.....
Student Embalmer

Licensed Embalmer No. *2432*

P. O. Address *3847 Page*

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.