

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40112

State File No.

No. 300
10-48

FILED DEC 6 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3713

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>ST LOUIS</u>			a. STATE <u>MO</u>		b. COUNTY <u>ST LOUIS</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HEIGHTS</u>		c. LENGTH OF STAY (in this place) <u>10 WKS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES 4517</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>672 CLARK AVE</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>BESSIE</u>	b. (Middle) <u>FARR</u>	c. (Last) <u>BOWLING</u>	(Month) <u>NOV</u>	(Day) <u>15</u>	(Year) <u>1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-9-1885</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>LEBANON TENN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>WILLIAM FARR</u>	13b. MOTHER'S MAIDEN NAME <u>MARY HELM</u>	14. NAME OF HUSBAND OR WIFE <u>ELMER C BOWLING</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Elmer C Bowling</u>
		ADDRESS <u>672 Clark Ave</u>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4-5 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussions of Brain</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ 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) <u>1934</u>
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? _____

22. I hereby certify that I attended the deceased from Aug 1951, to Oct 15, 1951; that I last saw the deceased alive on Oct 15 1951, and that death occurred at 11:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. J. Volkmann D. M.D.</u>	23b. ADDRESS <u>3320. Big Bend</u>	23c. DATE SIGNED <u>11/14/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAKE CHARLES</u>
		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>

DATE REC'D BY LOCAL REG. <u>11-17-51</u>	REGISTRAR'S SIGNATURE <u>Robert P. Bomke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jarvis Aldrich F. Home</u>	ADDRESS <u>Webster Groves Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Leslie Malch* _____

Licensed Embalmer No. *4395* _____

P. O. Address *Hoboken, N.J.* _____

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.