

21769

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JUL 15 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6207

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis, Mo</u>		c. LENGTH OF STAY (In this place) <u>12 mos 4 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis 2109</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Louis CHILDREN'S</u>				d. STREET ADDRESS (If rural, give location) <u>10 4314 9 SACRAMENTO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RAYMOND</u>			b. (Middle) <u>LEE</u>		c. (Last) <u>BOWMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-52</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>6-28-50</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RAYMOND L. Bowman</u>			13b. MOTHER'S MAIDEN NAME <u>PEARL Correy</u>		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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-NONE-</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>J. Egan 500 So. Kings Highway</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heat Exhaustion</u> ANTECEDENT CAUSES <u>Morbid condition, if any, giving rise to the above, (as stating the underlying cause.)</u> <u>Cystic Fibrosis of Pancreas</u> DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5872F</u>			
22. I hereby certify that I attended the deceased from <u>6-29</u> , 1952, to <u>6-30</u> , 1952 that I last saw the deceased alive on <u>6-30</u> , 1952, and that death occurred at <u>2:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. G. Klingberg MD</u> (Degree or title)				23b. ADDRESS <u>500 So. Kings Highway</u>		23c. DATE SIGNED <u>6/30/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/3/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>	
DATE RECD BY LOCAL <u>JUL 1 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STROOT - CARROLL</u>		ADDRESS <u>1600 NATURAL BRIDGE</u>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St. Louis Mo

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.