

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

State File No.

FILED JUL 22 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6418

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6418	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 719 N. 2nd			
3. NAME OF DECEASED (Type or Print) MELVIN		a. (First)		b. (Middle) S.		c. (Last) BOWLES	
4. DATE OF DEATH		Month		Day		Year	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 20, 1892	
9. AGE (In years last birthday) 60		10. UNDER 1 YEAR Months		10. UNDER 1 YEAR Days		10. UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk - retired		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (City and State or Foreign Country) Montgomery County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Silas Bowles		13b. MOTHER'S MAIDEN NAME Anna Mudd		14. NAME OF HUSBAND OR WIFE Lily M. Bowles (Williams)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Nil		16. SOCIAL SECURITY NO. 496-14-9519		17. INFORMANT'S SIGNATURE OR NAME Carl Bowles (son) Overland		17. ADDRESS (14) Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYELOCYTIC LEUKEMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4-5 YEARS	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. OLD MYOCARDIAL INFARCTION OCCLUSION, RIGHT CORONARY ARTERY				3 WEEKS 2-3 DAYS	
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? 2041			
22. I hereby certify that I attended the deceased from 6/30, 1952, to 6/30, 1952, that I last saw the deceased alive on 6/30, 1952, and that death occurred at 8:15 pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H.C. Dallmeyer, M.D.				23b. ADDRESS 600 S. KINGSHIGHWAY		23c. DATE SIGNED 7/1/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 4, 1952		24c. NAME OF CEMETERY OR CREMATORY Millwood Cemetery		24d. LOCATION (City, town, or county) (State) Millwood, Missouri	
DATE REC'D BY LOCAL REG. JUL 3 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE H.C. DALLMEYER & SONS		ADDRESS ST. CHARLES MO.	

(Licensed Embalmers' Statement on Reverse Side)

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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.