

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37127

37127

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|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>545</u> | | Registrar's No. <u>2866</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u> | | c. LENGTH OF STAY (In this place) <u>10 minutes</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u> | | <u>4587 2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7700 Manchester Road</u> | | | | d. STREET ADDRESS (If rural, give location) <u>51 S. Laclede Station Road</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>RUSSELL</u> | | b. (Middle) <u>RAYMOND</u> | | c. (Last) <u>BOWMAN</u> | | 4. DATE OF DEATH (Month) <u>11</u> (Day) <u>5</u> (Year) <u>1952</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>1889</u> <u>11/13/1952</u> | |
| 9. AGE (In years last birthday) <u>62</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Collector</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Joseph M. Bowman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Rayot</u> | | 14. NAME OF HUSBAND OR WIFE <u>Viola Crawford</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>489-03-0958</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Russell Bowman</u> ADDRESS <u>51 S. Laclede Sta. Rd.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>Coronary Thrombosis</u> <u>Arteriosclerosis</u> <u>4201</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | | |
| 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) | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | | 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 <u>Jan</u> , 19 <u>30</u> , to <u>11/5/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 25</u> , 19 <u>52</u> and that death occurred at <u>3:15 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Geo. J. Kiel</u> (Degree or title) <u>D.O.</u> | | | | 23b. ADDRESS <u>7465 Hazel Ave.</u> | | 23c. DATE SIGNED <u>11/6/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | | 24b. DATE <u>11/7/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Chapel</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>11-6-52</u> | | REGISTRAR'S SIGNATURE <u>Heckert R. Domb</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u> ADDRESS <u>6633 Clayton Road</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MARENA PERMANENT RECORD

1961 DEC 3

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 _____

Ernest W. Spillers

Signed
Student Embalmer

Licensed Embalmer No. *4080*

P. O. Address _____

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.

1952

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 37127

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 13th day of November, 1952, before me appears Viola

Bowman, who, upon Her oath, states that the original record of ^{birth} death
for Russell Raymond Bowman ^{died} 11-5-52, 19____, in the State of
^{born} Missouri, and which was filed at Clayton Mo. on 11/6, 1952, should be corrected as follows:

Item No. 8 should read 11-13-1889

Instead of 11-13-1952

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Viola Bowman Wife
Relationship.

51 So. Laclede Station Rd
Present Address.

Subscribed and sworn to before me this 13th day of November, 1952

My Commission expires 5/26/53

Ernest W. Spiller Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

