

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

40927

State File No. \_\_\_\_\_

LED NOV 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2922</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>Clayton, Missouri</u>		c. LENGTH OF STAY (In this place) <u>20 min</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>		4301	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1516 Ogden Avenue.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Burles</u> b. (Middle) <u>W.</u> c. (Last) <u>Bowden</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 13, 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Sept 2 1901</u>	9. AGE (In years last birthday) <u>51</u>	10. MONTHS	11. YEARS	12. IF ORDER IN MIN. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Caretaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cemetery</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. O. Bowden</u>			13b. MOTHER'S MAIDEN NAME <u>Lida Artray</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give no. or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-26-6675</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jean Pudwiter, 4516 Crestshire</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u>		ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Grand mal convulsive seizure</u>					
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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 <u>3531</u>				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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-13-52</u> , <u>1952</u> , to <u>11-13, 1952</u> , that I last saw the deceased alive on <u>11-12, 1952</u> , and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Elaine D. Miller M.D.</u>				23b. ADDRESS <u>601 S. Brentwood Clayton</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Paragould, Arkansas</u>		
DATE REC'D BY LOCAL REG. <u>11-13-52</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

40020

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

*John J. Haines*

Licensed Embalmer No. *4108*

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.