

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43957

State File No. _____

FILED DEC 30 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>3255</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>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>644 Vassar Ave</u>				d. STREET ADDRESS (If rural, give location) <u>644 Vassar</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>OTTILIE</u>		b. (Middle) <u>S</u>		c. (Last) <u>BOWMAN</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 20 1952</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		8. DATE OF BIRTH <u>may 13, 1858</u>		9. AGE (In years last birthday) <u>94</u>			
11a. FATHER'S NAME <u>Sigmund Schiele</u>				11b. MOTHER'S MAIDEN NAME <u>Fanny Schulman</u>		11c. NAME OF HUSBAND OR WIFE <u>Samuel Bowman (DECEASED)</u>			
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		12b. SOCIAL SECURITY NO. <u>none</u>		12c. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy Haas</u> ADDRESS <u>644 Vassar Ave</u>					
13. 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) <u>arterio sclerosis</u> ANTECEDENT CAUSES Morbidity 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. <u>Coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>5 days</u>	
14a. DATE OF OPERATION		14b. MAJOR FINDINGS OF OPERATION		14c. (CITY, TOWN, OR TOWNSHIP) <u>4201</u> (COUNTY) (STATE)		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. HOW DID INJURY OCCUR?					
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 <u>May</u> , 19 <u>45</u> , to <u>Dec 20</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>H. M. Freund MD</u> (Degree or title)				23b. ADDRESS <u>1703 S Grand</u>		23c. DATE SIGNED <u>12/21/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/22/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12-22-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dunderman</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Dunderman</u>		ADDRESS <u>4356 Lindell Blvd</u>			

(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

Fred J. Farmer

Licensed Embalmer No. *4788*

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.