

FILED FEB-10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4250

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 387

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Johns</b>		c. LENGTH OF STAY (In this place) <b>1 yr.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Johns</b>		4261
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>8925 Bristol</b>			d. STREET ADDRESS (If rural, give location) <b>8925 Bristol</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Raymond</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Bowles</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 1, 1953.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 8, 1951</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nine</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>St. Charles, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>Henry Bowles</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Aubuchon</b>	14. NAME OF HUSBAND OR WIFE <b>Single</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry Bowles, St. Johns, Mo.</b>		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia fulminans 24 hours</b> ANTECEDENT CAUSES Morbid 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. <b>Constitutional insufficiency</b>				INTERVAL BETWEEN ONSET AND DEATH <b>congested</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>491X</b>		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 AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9/26</b> , 19 <b>52</b> , to <b>2/1</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>1/30</b> , 19 <b>53</b> , and that death occurred at <b>6:00 A. M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Walter C. Gray</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>8938 St. Charles Road, St. Louis 14, Mo.</b>		23c. DATE SIGNED <b>2/2/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2/3/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Mary's, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>2-2-53</b>	REGISTRAR'S SIGNATURE <b>Hedrick R. Dumb...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>White Chapel, Ferguson, Mo.</b>			

(Licensed Embalmer's 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 *L. M. White*

Licensed Embalmer No. *3973*

P. O. Address *Ferguson, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.