

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 7373  
Registrar's No. 1347

FILED FEB 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Monroe</u> <u>0579</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Naoma</u> b. (Middle) _____ c. (Last) <u>Bowman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 4, 1898</u>
9. AGE (In years last birthday) <u>54</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garment Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dress Factory</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Weeden Leffeler</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Finkle</u>	14. NAME OF HUSBAND OR WIFE <u>Ollie J.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-26-1199</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ollie J. Bowman, Old Monroe, Mo.</u>
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) <u>Subarachnoid hemorrhage. Spontaneous.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis, Sclerosis, Arteriosclerosis of cerebral artery.</u> DUE TO (c) <u>Hypertensive cardiovascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>1/29/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Arteriosclerosis, cerebral artery</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>443X</u>
22. I hereby certify that I attended the deceased from <u>1/28/53</u> , 19 <u>53</u> , to <u>Feb 1, 1953</u> , that I last saw the deceased alive on <u>2/2, 1953</u> , and that death occurred at <u>11:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Henry E. Roubaux M.D.</u>		23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>2/3/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul</u>
24d. LOCATION (City, town, or county) (State) <u>St. Paul, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>FEB 4 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington</u>

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

170-31

FEB 25 1953

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 S. Henneky  
Licensed Embalmer No. 4194  
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.