

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27178

State File No.

FILED JUL 23 1953

BIRTH NO.

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 547

Registrar's No. 1908

1. PLACE OF DEATH <i>AT HOME</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <i>ST. LOUIS</i>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>RICHMOND HEIGHTS</i>		c. LENGTH OF STAY (in this place) <i>16 yrs</i>		c. CITY OR TOWN <i>RICHMOND HEIGHTS</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1210 WOODLAND DR.</i>				e. STREET ADDRESS (If rural, give location) <i>1210 WOODLAND DR.</i>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <i>MARY</i>	b. (Middle) <i>JOSEPHINE</i>	c. (Last) <i>BAWN</i>	(Month) <i>JULY</i>	(Day) <i>10</i>	(Year) <i>1953</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>
5. SEX <i>FEMALE</i>		6. COLOR OR RACE <i>WHITE</i>		8. DATE OF BIRTH <i>AUG. 19, 1866</i>		9. AGE (In years last birthday) <i>86</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSE WIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>ST. LOUIS MO.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>BERNARD REYNOLDS</i>			13b. MOTHER'S MAIDEN NAME <i>ANN FINEY</i>			14. NAME OF HUSBAND OR WIFE <i>ALFRED H. BAWN</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME <i>COLLEEN BAWN</i> ADDRESS <i>1210 WOODLAND</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fracture Lt. Femur</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Apr 12-53</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <i>Semility</i>					
		DUE TO (b) <i>Semility</i>					
		DUE TO (c)					
18. CAUSE OF DEATH		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>KITCHEN - AT HOME</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>RICHMOND HEIGHTS, ST. LOUIS, MISSOURI</i>		21d. TIME OF INJURY <i>abt. APRIL 12, 1953 2:30 p.m.</i>	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>FELL WHILE IN KITCHEN OF HOME</i>			
22. I hereby certify that I attended the deceased from <i>July 7, 1953</i> to <i>July 10, 1953</i> , that I last saw the deceased alive on <i>July 7, 1953</i> and that death occurred at <i>5:00 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Leontine Petersen M.D.</i>				23b. ADDRESS <i>Richmond Heights 17 Mo</i>		23c. DATE SIGNED <i>July 10-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>JULY 13 1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEMETERY</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO.</i>	
DATE REC'D BY LOCAL REG. <i>7-10-53</i>		REGISTRAR'S SIGNATURE <i>Herbert R. Dombke M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>G. H. Backloger</i>		ADDRESS <i>6536 Clayton St.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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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.....
Signature of Student Embalmer

Signed... *E. Courtois Remelux*

Licensed Embalmer No. *4283*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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