

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 45210  
12062

FILED JAN 19 1954		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2069			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 6 1406 a.N. Euclid Ave			
3. NAME OF DECEASED (Type or Print) Hortense		a. (First)		b. (Middle) Bowman		c. (Last)	
4. DATE OF DEATH 12 18 1953		5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH October 5, 1900		9. AGE (in years last birthday) 53		10. MONTHS 1 YEAR 1 DAY 1 HOUR 1 MIN.		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician		10b. KIND OF BUSINESS OR INDUSTRY Self-employed		13. FATHER'S NAME Joseph Smith	
13b. MOTHER'S MAIDEN NAME Minnie Phillips		14. NAME OF HUSBAND OR WIFE Dead		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Vera Gardner		ADDRESS 1406 a.N. Euclid Ave		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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Contrib: - Fracture of neck of left femur (impaled) DUE TO - When she fell in her home II. OTHER SIGNIFICANT CONDITIONS Dec 5 1953, about 4:00pm Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4:00pm	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis		21d. (COUNTY) Mo		21e. (STATE)	
21d. TIME OF INJURY Dec 5 53 4:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? F9040		22. I hereby certify that I attended the deceased from 18, 19, that I last saw the deceased alive on 19, and that death occurred at 1055 P.M., from the causes and on the date stated above. 21	
23a. SIGNATURE Patrick F. Taylor		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12 22 53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/23/53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) St. Louis, Missouri		24e. (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 22 1953		25. FUNERAL DIRECTOR'S SIGNATURE C.W. Roberts		ADDRESS 1416 N. Taylor Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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

*James R. Carter*

Licensed Embalmer No. *481*

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.