

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13211**  
Registrar's No. **3167**

FILED APR 21 1954

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3167</b>			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2656 Shenandoah Ave.</b>				e. STREET ADDRESS (If rural, give location) <b>2656 Shenandoah Ave.</b>					
3. NAME OF DECEASED (Type or Print) <b>Augusta</b>			a. (First) <b>C.</b>		b. (Middle)		c. (Last) <b>Bowlin</b>		
4. DATE OF DEATH		(Month) <b>4</b>		(Day) <b>6</b>		(Year) <b>54</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar. 12 1888</b>			
9. AGE (in years last birthday) <b>66</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Tenn.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.A.</b>			13a. FATHER'S NAME <b>Johnny King</b>		13b. MOTHER'S MAIDEN NAME <b>Fronia Woodruff</b>		14. NAME OF HUSBAND OR WIFE <b>Jack Bowlin</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>Nil.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Jack Bowlin</b>			ADDRESS <b>2656 Shenandoah</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma - Pancreas</b>				<b>July 2, 1954</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>Metastasis to Liver</b>				<b>Feb 3, 1952</b>	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<b>157X</b>			
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?					
22. I hereby certify that I attended the deceased from <b>July 2, 1954</b> to <b>April 6, 1954</b> , that I last saw the deceased alive on <b>10 PM, 1954</b> , and that death occurred <b>at 10 PM</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>H. G. Moore</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>917 South 18th St.</b>			23c. DATE SIGNED <b>4-7-54</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4-7-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Salem Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mayfield Ky.</b>			
DATE REC'D BY LOCAL REG. <b>APR 7 1954</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. H. Hoppe 4704 Washington Ave.</b>				

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

AUG 4 1958

FEB 7 1962

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..... *Fred J. Farmer*

Licensed Embalmer No. *4170*

P. O. Address *St. Louis*

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.