

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 9384
2069

BIRTH NO. _____		REG. DIST. NO. _____		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 _____		
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		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 BARNES HOSPITAL				STREET ADDRESS (If rural, give location) 5 721 Goodfellow 205 0						
3. NAME OF DECEASED a. (First) Alice MAUDE MARY (Type or Print)			b. (Middle) _____			c. (Last) Bowman			4. DATE OF DEATH (Month) (Day) (Year) March 4, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 3-1918		9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hour _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary - White Hardware Co.			10b. KIND OF BUSINESS OR INDUSTRY Hardware Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Edward Corbet Bowman			13b. MOTHER'S MAIDEN NAME Adelaide Newman			14. NAME OF HUSBAND OR WIFE John Bowman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 493-10-0100		17. INFORMANT'S SIGNATURE OR NAME Mrs. Adelaide Parker			ADDRESS 5372 Natural Br. Rd.		
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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus				INTERVAL BETWEEN ONSET AND DEATH Min. _____		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tumor, malignant, right femur				1-2 yrs.		
				DUE TO (c) _____						
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 196 x						
22. I hereby certify that I attended the deceased from Feb. 17, 1955, to Mar. 4, 1955, that I last saw the deceased alive on Mar. 4, 1955 and that death occurred at 9:55A m., from the causes and on the date stated above.										
23a. SIGNATURE C. V. Hamilton, M.D.				(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 3/4/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3/7/55		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.				
DATE REC'D BY LOCAL REG. MAR 7 1955		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE C. R. Repton + Sons				ADDRESS 7233 Delmar	

(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.....
Signature of Student Embalmer

Signed..... *Clarence H. Murray*

Licensed Embalmer No. *4011*
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.