No. 300
10.48

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

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41853

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11455

**1. PLACE OF DEATH**
a. COUNTY St Louis City
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) FERMIN DESLOGE HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY SHANNON
c. CITY OR TOWN EMINENCE
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) Rt 1

**3. NAME OF DECEASED** (Type or Print)
a. (First) IVA
b. (Middle) LOU
c. (Last) BOWLER (HICKS)
DATE OF DEATH (Month) (Day) (Year) DEC. 27 1955

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH NOV 17-1891
9. AGE (In years last birthday) 64
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOUSE
11. BIRTHPLACE (City and State or Foreign Country) WESTPLAINS MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FELTS
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE JOHN HICKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. — — —
17. INFORMANT'S SIGNATURE OR NAME MRS ANTHONY AMATO ADDRESS 3712 SYLVAN PINE LAWN MO

**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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding gastric ulcers — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hiatus hernia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Acute Tracheo-bronchitis

19a. DATE OF OPERATION 12-24-55
19b. MAJOR FINDINGS OF OPERATION Large hiatus hernia 560.4
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20, 19 55, to 12-27, 19 55, that I last saw the deceased alive on 12-27, 19 55, and that death occurred at 8 00 A m., from the causes and on the date stated above.

23a. SIGNATURE Charles J. Galbraith (Degree or title) MD
23b. ADDRESS 1325 So. Grand
23c. DATE SIGNED 12-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Dec 29-55
24c. NAME OF CEMETERY OR CREMATORY Bethel Hills
24d. LOCATION (City, town, or county) (State) St Louis Co. Mo.

DATE REC'D BY LOCAL REG. DEC 29 1955
REGISTRAR'S SIGNATURE Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE P. MICELI & SONS ADDRESS 1150 No Kingshighway
(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Anthony Miele

Licensed Embalmer No. 42

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.