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diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

39242

STATE FILE NUMBER

90669-56

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 10176

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSPITAL #1.</i>			Length of stay in lb	STREET ADDRESS (If outside, give location) <i>1480 Goodfellow</i>		
3. NAME OF DECEASED (Type or print) First <i>BABY, BOY</i> Middle Last <i>BOWDER</i>			4. DATE OF DEATH Month <i>NOV.</i> Day <i>5,</i> Year <i>1956</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>NOV. 5, 1956</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <i>19</i> Days <i>19</i> Hours <i>19</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME <i>Ruth Bowder</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <i>No</i> (If yes, give way or dates of service) <i>None</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Mrs E. Bowder 1480 Goodfellow</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Respiratory failure.</i> DUE TO (b) <i>IMMATURITY</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		STATE	
21. I attended the deceased from <i>11/5/56</i> to <i>11/5/56</i> and last saw her/him alive on <i>11/5/56</i> . Death occurred at <i>8:45 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Earl B. Kleih, M.D.</i> (Degree or title)			22b. ADDRESS <i>1515 LAFAYETTE AVE.</i>		22c. DATE SIGNED <i>11/7/56.</i>	
23a. RITUAL CREMATION <i>Not</i>	23b. DATE <i>11-7-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Central Funeral Home 1841 Coe St.</i>			25. DATE RECD. BY LOCAL REG. <i>NOV 7 1956</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MO</i>		

(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 embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Not Embalmed*  
*John M. Hyga*  
Licensed Embalmer No.....

P. O. Address.....

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

(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.