

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **6913**  
**268**

Registration District No. **317** Primary Registration District No. **544** Registrar's No. **268**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                                                                                                                                             |                                                                                      |                                                                                                                                                |  |                                                                       |                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                                                                                                                                             |                                                                                      | 2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |                                                                       |                                                                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Kirkwood</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                                                                                                                                             | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY<br>OR<br>TOWN <b>Kirkwood</b> <b>4713</b>                                                                                              |  |                                                                       | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>121 College Ave.</b>                                                                                                                                                                                                                                                                                                                                                                 |                                  | Length of stay in 1b<br><b>14 yrs.</b>                                                                                                                      |                                                                                      | d. STREET<br>ADDRESS <b>121 College Ave.</b>                                                                                                   |  |                                                                       | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Louis G. Bowman</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                             |                                                                                      | 4. DATE OF DEATH<br>Month <b>Jan.</b> Day <b>28</b> Year <b>1957</b>                                                                           |  |                                                                       |                                                                                                                      |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |                                                                                      | 8. DATE OF BIRTH<br><b>Dec. 25, 1887</b>                                                                                                       |  | 9. AGE (In years last birthday)<br><b>69</b>                          |                                                                                                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Mechanical Engineer</b>                                                                                                                                                                                                                                                                                                                                                 |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Lewis Machine Co.</b>                                                                                               |                                                                                      | 11. BIRTHPLACE (City and state or country)<br><b>Chicago, Ill.</b>                                                                             |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                         |                                                                                                                      |
| 13. FATHER'S NAME<br><b>Louis T. Bowman</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |                                                                                                                                                             |                                                                                      | 14. MOTHER'S MAIDEN NAME<br><b>Marie Olsen</b>                                                                                                 |  |                                                                       |                                                                                                                      |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>                                                                                                                                                                                                                                                                                                                                        |                                  | 16. SOCIAL SECURITY NO.<br><b>492-10-3860</b>                                                                                                               |                                                                                      | 17. INFORMANT<br>Address<br><b>Mrs. Rigmor Bowman, 121 College Ave</b>                                                                         |  |                                                                       |                                                                                                                      |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinomatosis</b><br><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <b>Carcinoma of Stomach</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>151X</b> |                                  |                                                                                                                                                             |                                                                                      |                                                                                                                                                |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6<sup>+</sup> months</b>       |                                                                                                                      |
| 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<br>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                                                                                                                                |                                                                                      | COUNTY                                                                                                                                         |  | STATE                                                                 |                                                                                                                      |
| 21. I attended the deceased from <b>August 19, 1954</b> death and last saw her alive on <b>1-26-57</b> .<br>Death occurred at <b>1:50 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                         |                                  |                                                                                                                                                             |                                                                                      |                                                                                                                                                |  |                                                                       |                                                                                                                      |
| 22a. SIGNATURE<br><b>L. J. Muellegan M.D.</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                                                                                                                             |                                                                                      | 22b. ADDRESS<br><b>634 N. Grand, St. Louis 3.</b>                                                                                              |  | 22c. DATE SIGNED<br><b>1/29/57</b>                                    |                                                                                                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 23b. DATE<br><b>1/30/57</b>                                                                                                                                 |                                                                                      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Olive Cem.</b>                                                                                    |  | 23d. LOCATION (City, town, or county) (State)<br><b>Chicago, Ill.</b> |                                                                                                                      |
| 24. FUNERAL DIRECTOR<br><b>Pfritzing Mortuary, Kirkwood, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | ADDRESS                                                                                                                                                     |                                                                                      | 25. DATE RECD. BY LOCAL REG.<br><b>1-29-57</b>                                                                                                 |  | 26. REGISTRAR'S SIGNATURE<br><b>Herbert B. Donahoe Jr.</b>            |                                                                                                                      |

**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.....

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.