

FILED MAY 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14492

State File No. ....

BIRTH NO. 17512-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3861

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) <b>2 2/7</b> c. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>ST. LOUIS.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>27 HOMER G. PHILIPPS HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>2410 BIDDLE STREET.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>BRUCE</b> b. (Middle) <b>NONE</b> c. (Last) <b>BOURE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4th. 20 1957</b>	
5. SEX <b>2</b> <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED.</b>	8. DATE OF BIRTH <b>2nd. 28 1957.</b>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>PHILIPPS HOSPITAL ST. LOUIS MO</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13a. FATHER'S NAME <b>ALPHONSE BOURE</b>		13b. MOTHER'S MAIDEN NAME <b>NEOMA DAVIS.</b>	14. NAME OF HUSBAND OR WIFE <b>NONE.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <i>Neoma Bourne 2410 Biddle St</i>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis due to aspirated food.</b> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b>  <b>DUE TO (c)</b>  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 <b>E921.0 000</b>	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) <b>22</b> (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:01</b> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Carl Taylor</i>		23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>4. 23. 57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4th. 23 57.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD CEMETERY.</b>
24d. LOCATION (City, town, or county) (State) <b>6571 ST. LOUIS AVE MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Smith</i>	
DATE REC'D BY LOCAL REG. <b>APR 23 57</b>		25. FUNERAL DIRECTOR'S ADDRESS <b>3404 Delmar</b>	

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

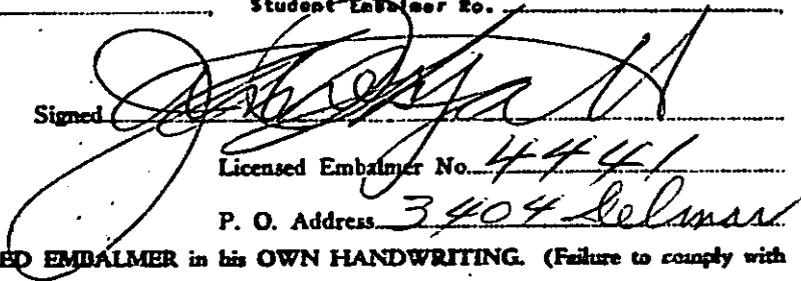
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

  
Student Embalmer No. \_\_\_\_\_  
Licensed Embalmer No. 4441  
P. O. Address 3404 Selman

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 this body is not embalmed, fact should be so stated above.