

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2667**

FILED FEB 14 1958

318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **1003** Registrar's No. **1404**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis, Missouri
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA Homer Phillips		e. STREET ADDRESS (If rural, give location) 4211 Cozens	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Bowens		4. DATE OF DEATH (Month) (Day) (Year) February 2, 1958
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 8, 1891	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory	10b. KIND OF BUSINESS OR INDUSTRY Mattress Factory	11. BIRTHPLACE (City and State or Foreign Country) Little Rock, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Emily Bowens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 7/16/1918-7/3/1919	16. SOCIAL SECURITY NO. 448-12-5225	17. INFORMANT'S SIGNATURE OR NAME Emily Bowens	ADDRESS 4211 Cozens, St. Louis, Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease		MEDICAL CERTIFICATION Hypertensive heart disease	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) 443x			
	11. 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1955**, to **Feb 1, 1958**, that I last saw the deceased alive on **Feb 1, 1958**, and that death occurred at **5 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Oral S. McClellan M.D.	(Degree or title) <input type="checkbox"/> 23b. ADDRESS 4200a Easton Ave	23c. DATE SIGNED 2-5-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 7, 1958	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, County, Missouri
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DATE REC'D BY LOCAL REG. FEB 6 '58	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE English Funeral Home	ADDRESS 1123 No. Taylor
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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 *Wallace O. Williams*.....

Licensed Embalmer No..... *490*

P. O. Address *5135 Loh*

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.