

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041318

STATE FILE NUMBER

84977-58

FILED DEC 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 11362

|                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                  |  |                                                                                                                                                             |  |                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                                                                                                                                                      |  |                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY                                       |  |                                                                                                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>ST. LOUIS MO</u>                                                                                                                                                                                                                                                                                                         |  |                                  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        |  | c. CITY<br>OR<br>TOWN <u>ST. LOUIS</u>                                                            |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>ST. ANTHONY'S</u>                                                                                                                                                                                                                                                                                              |  |                                  |  | Length of stay in lb<br><u>36 hours</u>                                                                                                                     |  | d. STREET<br>ADDRESS <u>3940 PARKER</u>                                                           |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>WILLIAM</u> Middle <u>HENRY</u> Last <u>BOWMAN</u>                                                                                                                                                                                                                                                                                               |  |                                  |  | 4. DATE<br>OF<br>DEATH<br>Month <u>11</u> Day <u>24</u> Year <u>1958</u>                                                                                    |  |                                                                                                   |  |
| 5. SEX<br><u>MALE</u>                                                                                                                                                                                                                                                                                                                                                                               |  | 6. COLOR OR RACE<br><u>WHITE</u> |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>11-23-1958</u>                                                             |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                                                                                                                                                                                                                                                                                                         |  |                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                           |  | 9. AGE (In years last birthday)<br><u>1</u> Months <u>1</u> Days <u>12</u> Hours <u>12</u> Min.   |  |
| 11a. BIRTHPLACE (City and state or country)<br><u>ST. LOUIS, MO</u>                                                                                                                                                                                                                                                                                                                                 |  |                                  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                                                                                               |  |                                                                                                   |  |
| 13a. FATHER'S NAME<br><u>HENRY BOWMAN</u>                                                                                                                                                                                                                                                                                                                                                           |  |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><u>GEORGETTE GRAMANN</u>                                                                                                       |  | 14. NAME OF HUSBAND OR WIFE<br><u>NONE</u>                                                        |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>                                                                                                                                                                                                                                                                           |  |                                  |  | 16. SOCIAL SECURITY NO.<br><u>NONE</u>                                                                                                                      |  | 17. INFORMANT<br>Address<br><u>MRS GEORGETTE BOWMAN 3940 PARKER</u>                               |  |
| 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) <u>congenital diaphragmatic hernia.</u><br><u>congenital heart.</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>congenital cataracts.</u><br>DUE TO (c) <u>congenital undescended testicles.</u> |  |                                  |  |                                                                                                                                                             |  | INTERVAL BETWEEN ONSET AND DEATH                                                                  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>754.5</u>                                                                                                                                                                                                                                                   |  |                                  |  |                                                                                                                                                             |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 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 <u>5:00</u> a.m. <u>PM</u> Month, Day, Year                                                                                                                                                                                                                                                                                                                             |  |                                  |  | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                           |  |                                                                                                   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                                                                                                                            |  |                                  |  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY <u>ST. LOUIS</u> STATE <u>MO</u>                                                                                     |  |                                                                                                   |  |
| 21. I attended the deceased from <u>birth</u> to <u>death</u> and last saw her alive on <u>24 Nov.</u><br>Death occurred at <u>5:00 PM</u> on the <u>24</u> date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                             |  |                                  |  |                                                                                                                                                             |  |                                                                                                   |  |
| 22a. SIGNATURE<br><u>John G. Kelleth M.D.</u>                                                                                                                                                                                                                                                                                                                                                       |  |                                  |  | 22b. ADDRESS<br><u>2314 Telegraph Rd.</u>                                                                                                                   |  |                                                                                                   |  |
| 22c. DATE SIGNED<br><u>NOV 25 '58</u>                                                                                                                                                                                                                                                                                                                                                               |  |                                  |  |                                                                                                                                                             |  |                                                                                                   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>REMOVAL</u>                                                                                                                                                                                                                                                                                                                                         |  | 23b. DATE<br><u>11-25-1958</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>RESURRECTION CEMETERY</u>                                                                                          |  | 23d. LOCATION (City, town, or county) (State)<br><u>ST. LOUIS COUNTY, MO</u>                      |  |
| 24. FUNERAL DIRECTOR<br><u>HOWARD MICHEL 5930 SOUTHWEST</u>                                                                                                                                                                                                                                                                                                                                         |  |                                  |  | 25. DATE RECD. BY LOCAL REG.<br><u>NOV 25 '58</u>                                                                                                           |  | 26. REGISTRAR'S SIGNATURE<br><u>Carl Smith MD</u><br><u>mg B</u>                                  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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*  
*Howard Michael - Funeral*

Licensed Embalmer No.....

P. O. Address.....

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.