

Health, Welfare Public Service

8
FILED MAR 27 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-10723
STATE FILE NUMBER
2609

Registration District No. Primary Registration District No. Registrar's No.

300
1-57

94

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes</u>		d. STREET ADDRESS <u>220 N. Kings Highway Park Plaza Hotel</u>	

3. NAME OF DECEASED (Type or print) First <u>LOUISE</u> Middle <u>Filley</u> Last <u>BOSTWICK</u>			4. DATE OF DEATH Month <u>March</u> Day <u>12</u> Year <u>1959</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 19, 1879</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert H. Filley</u>	13b. MOTHER'S MAIDEN NAME <u>Nealy H. Hopkins</u>	14. NAME OF HUSBAND OR WIFE <u>Richmond Bostwick</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mr. David D. Walker 34 Washington Terrace</u>	Address <u>St. Louis Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Destruction Small Intestine due to adhesions</u>		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>No Sanguine infection of abdominal Wall</u>		19. WAS AUTOPSY PERFORMED? 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.) <u>5705</u>
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	

20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE
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21. I attended the deceased from May 31, 1958 to 2/12/59 and last saw her alive on 2/12/59
Death occurred at St. Louis on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Sim F. Beam</u> (Degree or title)	22b. ADDRESS <u>35 W. Central St. St. Louis</u>	22c. DATE SIGNED <u>3/13/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>March 14, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Louis Missouri.</u>
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24. FUNERAL DIRECTOR <u>C.F. Lupton and Sons 7233 Delmar Bl'vd.</u>	25. DATE RECD. BY LOCAL REG. <u>MAR 14 '59</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

H.T.)

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Sim F. Beam

All diseases in Part I must be causally related.

Bostwick
(City Vise)

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 .. *Arnold W. Schoene*

Licensed Embalmer No. *3864*
P. O. Address. *St. Louis, Mo.*

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.