

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 8 1960
ENDED

318

Primary Registration District 1003

Registrar's No.

5234

-60-020707

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson <i>St. Louis</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN Fenton		Inside Limits Yes ☐ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) Route 2, Box 471		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Teresa Middle Ann Last Bowman				4. DATE OF DEATH Month 5 Day 16 Year 60				
5. SEX Female		6. COLOR OR RACE white		7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 5-15-60		
9. AGE (last birthday) Months 15 Days 18		IF UNDER 1 YEAR		IF UNDER 24 HR				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		
						12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Willard Maurice Bowman				13b. MOTHER'S MAIDEN NAME Mary Jo Marsh		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Mary Jo Bowman - Fenton, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis Pneumonia Asphyxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs " "				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 761-5						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown		
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour 5/15 a.m. 2:15 p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.		COUNTY Jefferson STATE Mo.		
21. I attended the deceased from 5/15 to 5/16 and last saw him alive on 5/15 Death occurred at 2:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE E. C. Schubert, M.D.				22b. ADDRESS St. Louis, Mo.		22c. DATE, SIGNED 5/18/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/18/60		23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery		23d. LOCATION (City, town, or county) Fenton		
24. FUNERAL DIRECTOR Leo F. Linder		ADDRESS Fenton Mo.		25. DATE REC'D. BY LOCAL REG. MAY 18 1960		26. REGISTRAR'S SIGNATURE Lois Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leaff. Liser
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.