

FILED VS JAN 25 1961

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-61-002859

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____ 145

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis</i>			Length of stay in lb	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hospital</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2012 Hadley St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Beatrice</i> Middle Last <i>Bowen</i>				4. DATE OF DEATH Month <i>Jan.</i> Day <i>4</i> Year <i>1960</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>— 1882</i>	9. AGE (last birthday) <i>78</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Louis, MO.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Samuel Morral</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah Jones</i>		14. NAME OF HUSBAND OR WIFE <i>John Bowen</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				INFORMANT <i>Laura Marie Thomas</i> Address <i>6309 Rock Spring</i>				
18. CAUSE OF DEATH (Enter only one cause per line for 1a, 1b, and 1c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of right hip; Generalized</i> DUE TO (b) <i>arteriosclerosis, suffered in fall on</i> DUE TO (c) <i>sidewalk in front of about 2014 Hadley</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>St. on or about Dec. 12, 1960</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>(See above)</i>					903.5-44	
20c. TIME OF INJURY Hour <i>7</i> Month, Day, Year a.m. <i>12-12-60</i> p.m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>on sidewalk</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>	COUNTY <i>Mo.</i>	STATE
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ <i>9:15 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Paul J. Simon</i> (Degree or title) <i>Deputy Coroner</i>				22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>1/6/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>Jan. 74, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Concordia Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>4709 Bates St. St. Louis, Mo.</i>			
24. FUNERAL DIRECTOR <i>Bull Campbell Entourage</i> ADDRESS				25. DATE RECD. BY LOCAL REG. <i>JAN 6 1961</i>		26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i>		

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

Stanley H. Dixon

Licensed Embalmer No.

4193

P. O. Address

St. Louis

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.