

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3409

STATE FILE NUMBER

FILED APR 14 1961

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri</u>		Length of stay in 1b		c. CITY OR TOWN <u>Webster Groves, Mo.</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin Desloge</u>		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>308 Tuxedo St.</u>		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Hazel</u> Middle <u>Bowman</u> Last <u>Bowman</u>				4. DATE OF DEATH Month <u>4</u> Day <u>8</u> Year <u>61</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>1-8-04</u>	
9. AGE (last birthday) <u>57</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and state or country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME (Cadwallader, Woodrow)		13b. MOTHER'S MAIDEN NAME <u>Stone, Effie</u>		14. NAME OF HUSBAND OR WIFE <u>Charles (deceased)</u>			
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>498-09-4017</u>		17. INFORMANT Address <u>June Cadwallader, 308 Tuxedo W.G.Mo.</u>			
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>small bowel obstruction</u> DUE TO (b) <u>metastatic carcinoma</u> DUE TO (c) <u>carcinoma of the breast</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>2 wk</u> <u>5 yrs</u> <u>8 yr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>170x</u>						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 a.m. 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		COUNTY STATE	
21. I attended the deceased from <u>4/3/61</u> to <u>4/8/61</u> and last saw her alive on <u>4/8/61</u> . Death occurred at <u>8:50 PM 4/8/61</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>T. J. Ball Jr M.D.</u> (Degree or title)				22b. ADDRESS <u>Desloge Hosp., St Louis</u>		22c. DATE SIGNED <u>4/9/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		23b. DATE <u>4/12/61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CREMATORY</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO, MO.</u>	
24. FUNERAL DIRECTOR <u>Louis H. Bender</u>		ADDRESS <u>Kirkwood Mo</u>		25. DATE RECD. BY LOCAL REG. <u>APR 10 1961</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis J. Wyland Jr.

Licensed Embalmer No. 4512

P. O. Address

Richwood, 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.