

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH											
FILED MAY 4 1961		318		1003		4100		61-014950			
AMENDED		Primary Registration District No.		Registrar's No.		STATE FILE NUMBER					
DATE AMENDED		1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis						
		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 wks		c. CITY OR TOWN Webster Groves		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 140 So. Elm Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
INSTEAD OF		3. NAME OF DECEASED (Type or print) First MATTIE Middle BELLE Last BOWMAN			4. DATE OF DEATH April 29, 1961						
		5. SEX F		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/18/1871		9. AGE (last birthday) 89	
		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) New Jersey		12. CITIZEN OF WHAT COUNTRY U.S.A.			
DOCUMENT		13a. FATHER'S NAME Lsaac L. Overton		13b. MOTHER'S MAIDEN NAME Martha (unk)		14. NAME OF HUSBAND OR WIFE Charles G. Bowman					
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Chas. T. Bowman, 140 So. Elm, W. G. 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) Arteriosclerotic heart disease, - probably Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Vascular disease DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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 2 weeks Many years				
MEDICAL CERTIFICATION		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) None					
		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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	
		21. I attended the deceased from 1932 to Apr. 29, 1961 and last saw him alive on 4-28-61 Death occurred at 7:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) A. J. Fradrich M.D.		22b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Missouri.		22c. DATE SIGNED 5-1-61			
BY AFFIDAVIT OF		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/1/1961		23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		23d. LOCATION (City, town, or county) St. Louis, Mo.			
		24. FUNERAL DIRECTOR Parker-Aldrich, Webster Groves, Mo.		25. DATE RECD. BY LOCAL REG. MAY 1 1961		26. REGISTRAR'S SIGNATURE Loan Smith M.D.					

**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 \_\_\_\_\_

Licensed Embalmer No. 4395

P. O. Address Holster Groves

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.