

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046099

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11582

AMENDED

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Alton	
Length of stay in 1b 4 days		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's		d. STREET ADDRESS (If outside, give location) 1312 Highland Ave	
Inside Limits Yes ☒ No ☐		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) Louis Franklin Bowman		4. DATE OF DEATH Month Dec. Day 10, Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 12-5-61
9. AGE (last birthday) Months 8 Days 0 Hours 0 Min.		10. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) None	
10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Alton, Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME Louis Franklin Bowman	
13b. MOTHER'S MAIDEN NAME Beverly Solomon		14. NAME OF HUSBAND OR WIFE never married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMATION Jane Henrichsen		Address 500 S. Kingshighway St. Louis, 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) 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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Annular pancreas 756.2		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 3:15pm Month, Day, Year 12-6-61	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 Alton, Illinois	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 12-6-61 to 12-10-61 and last saw her/him alive on 12-10-61 . Death occurred at 3:15pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edw. H. Bowman MD (Degree or title)		22b. ADDRESS 500 S. Kingshighway St. Louis Mo.	
22c. DATE SIGNED 12-10-61		22d. SIGNATURE Edw. H. Bowman MD	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12-12-61	
23c. NAME OF CEMETERY OR CREMATORY Upper Alton Cemetery		23d. LOCATION (City, town, or county) (State) Alton, Illinois	
24. FUNERAL DIRECTOR Werner H. Woschke - Alton		25. DATE RECD. BY LOCAL REG. DEC 12 1961	
26. REGISTRAR'S SIGNATURE Edw. H. Bowman MD		27. SIGNATURE Edw. H. Bowman MD	

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 No Embalming, Student Embalmer No. _____,
working under my personal supervision.
Student _____
Signature of Student Embalmer

Signed

Verna Staten Woods

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.