

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32479**

|   |  |   |   |   |  |   |  |
|---|--|---|---|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>917</b>   |   | PRIMARY REG. DIST. NO. <b>1265</b>  |  | Registrar's No. <b>2483</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Glendale</b>   |  | c. LENGTH OF STAY (in this place)<br><b>18 yrs</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Glendale</b>   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>None</b>  |  |   |   | d. STREET ADDRESS (If rural, give location)<br><b>119 Edwin Ave.</b>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Florence</b> b. (Middle) <b>Ann</b> c. (Last) <b>Bowles</b>   |  |   | 4. DATE OF DEATH<br>(Month) <b>Sept</b> (Day) <b>7</b> (Year) <b>1949</b> |   |  |   |  |
| 5. SEX <b>F</b>   |  | 6. COLOR OR RACE <b>W</b>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Never Married</b>  |  | 8. DATE OF BIRTH<br><b>April 22 1869</b>  |  |
| 9. AGE (In years last birthday) <b>80</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Ilfracombe England</b>                              |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>England</b>  |  | 13a. FATHER'S NAME<br><b>Unknown</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No.</b>  |  | 16. SOCIAL SECURITY NO. _____   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>George W. Collins Glendale Mo.</b>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                     |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility - Arteriosclerosis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>Diabetes</b><br>DUE TO (b)<br>DUE TO (c) <b>"Black eyes" + small rot injury around of forehead</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>years</b><br><b>? years</b><br><b>2 9/10 30</b><br><b>21</b> |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>none</b>   |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                 |  |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)<br><b>None</b>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>yard home</b>  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>same</b> <b>Mo.</b> <b>St. Louis</b>  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>Sept. 3, 1949 ? m.</b>  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?<br><b>weak, fell down</b>  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>1900</b> , 19____, to <b>9/7/49</b> , 19____, that I last saw the deceased alive on <b>9/5/49</b> , 19____, and that death occurred at <b>1:30 A m.</b> , from the causes and on the date stated above. |  |   |   |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>Frank P. Gault, M.D. (I)</b>   |  |   |   | 23b. ADDRESS<br><b>13<sup>th</sup> N. GORE, Webster Groves, Mo.</b>   |  | 23c. DATE SIGNED<br><b>9/7/49</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24b. DATE<br><b>Sept 8 1949</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Hill Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Kirkwood, Mo.</b>                               |  |
| DATE REC'D BY LOCAL REG.<br><b>9-7-49</b>   |  | REGISTRAR'S SIGNATURE<br><b>Edward R. Henderson</b>   |   | FUNERAL DIRECTOR'S SIGNATURE<br><b>Parker Und. Co.</b>  |  | ADDRESS<br><b>Webster Groves Mo</b>   |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Leslie Welch*

Licensed Embalmer No. 4395

P. O. Address Adister Groves Md

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 this body is not embalmed, fact should be so stated above.