

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18092
4644
Registrar's No.

BIRTH NO. 110793 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 3740 Marine 0	

3. NAME OF DECEASED (Type or Print)	a. (First) SHIRLEY	b. (Middle) N.	c. (Last) Bower	4. DATE OF DEATH (Month) (Day) (Year) April 23, 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 4/1/50	9. AGE (In years last birthday) 208	IF UNDER 1 YEAR Months 22	IF UNDER 24 HRS. Days 22	IF UNDER 1 HRS. Hours 0	IF UNDER 15 MIN. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) all	10b. KIND OF BUSINESS OR INDUSTRY newborn	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Norma Bower	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME M. Renard, St. Louis City Hospital #1.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Life
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital stelectasis</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7621-0
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22. I hereby certify that I attended the deceased from 1/23/50, 19___, to 4/23/50, 19___, that I last saw the deceased alive on 4/23/50, 19___, and that death occurred at 10:25 am., from the causes and on the date stated above.

23a. SIGNATURE V. H. Reder, M. D. 0	(Degree or title)	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 4/23/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) b	24b. DATE MAY 26 1950	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State)
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DATE RECD BY LOCAL MAY 26 1950	REGISTRAR'S SIGNATURE J. B. Fasater	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Svc.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

4104-06 Manchester

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

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.....

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