

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 15 1950

318

1003

State File No. 28025  
Registrar's No. 7540

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>30 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2219
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			4. STREET ADDRESS (If rural, give location) <u>3439 Lawton blvd</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adam</u>		b. (Middle) _____		c. (Last) <u>Bowcum</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 1950</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>Col</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 25 1886</u>		9. AGE (In years last birthday) <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Mike Bawcum</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Cole</u>	
14. NAME OF HUSBAND OR WIFE <u>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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Dovie Hopson</u>		ADDRESS <u>1851 Devison tSt</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably Pulmonary Embolism</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerotic Gangrene of right leg.</u>  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"/>	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4501</u>	
22. I hereby certify that I attended the deceased from <u>8-3-</u> <u>19 50</u> , to <u>9-2</u> <u>19 50</u> , that I last saw the deceased alive on <u>9-2</u> <u>19 50</u> , and that death occurred at <u>6:23a m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>9-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 7 -50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>		DATE REC'D BY LOCAL REG. <u>SEP 5 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Hughes</u>		ADDRESS <u>2620 Lawton</u>			

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Lylea Hughes*  
Licensed Embalmer No. *2938*

P. O. Address *St Louis 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 this body is not embalmed, fact should be so stated above.