

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9387

No. 300
10.48

FILED NOV 17 1950

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 9387
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 town) St. Louis		c. LENGTH OF STAY (in this place) 70 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 6047 Odell		d. STREET ADDRESS (If rural, give location) 6047 Odell		
3. NAME OF DECEASED (Type or Print) a. (First) Lena		b. (Middle) _____	c. (Last) Bowron	4. DATE OF DEATH (Month) (Day) (Year) Nov. 5 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 26 1880	9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME John Hoffman		13b. MOTHER'S MAIDEN NAME Dina Fricke	14. NAME OF HUSBAND OR WIFE Ben Bowron	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ben Bowron ADDRESS 6047 Odell	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis; Chronic DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 12 hrs. Years
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? H222
22. I hereby certify that I attended the deceased from July 1950 to Nov. 4, 1950 , that I last saw the deceased alive on Nov. 4, 1950 , and that death occurred at 7³⁰ A.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Alfred M. Jangebrot M.D.		23b. ADDRESS 6200 Hoffman		23c. DATE SIGNED Nov. 4 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 8 1950	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL HEALTH OFFICER NOV 6 1950		REGISTRAR'S SIGNATURE J. B. Satter		25. FUNERAL DIRECTOR'S SIGNATURE Suedmeyer & Sons ADDRESS 3934 N. 20th St.

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

Nevelle B. Trohewetter

Licensed Embalmer No.

3696

P. O. Address

3934 N 20th St

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.