

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **215**

FILED FEB 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **111**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>1 1/2 yrs 3M 8dy</b>		d. STREET ADDRESS (If rural, give location) <b>1717 Ohio Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No. 2,</b>		2239	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EMMA</b> b. (Middle) <b>—</b> c. (Last) <b>BOWERS,</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-30-1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>6-13-1884</b>		9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>17</b> IF UNDER 6 WKS. Hours <b>—</b> Min. <b>—</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotels &amp; Restaurants</b>		11. BIRTHPLACE (State or foreign country) <b>Halscomb, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Stanley Dodd</b>		13b. MOTHER'S MAIDEN NAME <b>— Harris</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Guanita Bohmer - 1717 Ohio Ave. St. Louis, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 Mon.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		ANTECEDENT CAUSES		?	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <b>Arterio-sclerosis</b>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<b>narcoptic addict</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4221</b>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-18-1954** to **1-30-1954**, that I last saw the deceased alive on **1-30-1954**, and that death occurred at **8 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harriet Thomas</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>State Hospital No. 2, St. Joseph, Mo</b>		23c. DATE SIGNED <b>1-30-1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>remove</b>		24b. DATE <b>2/1/1954</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>St. Charles Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Feb 3, 1954</b>		REGISTRAR'S SIGNATURE <b>Beth M. Allison</b>		485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wheaton Bowman St Joseph, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 W. E. Edmister

Licensed Embalmer No. 4781

P. O. Address 319 So. 14 St. Joplin

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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