

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

0208

FILED JAN 26 1954

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY <St.-Louis>

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY St. Louisb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louisc. LENGTH OF STAY (In this place) 1 M. 7 D.c. CITY OR TOWN St. Louisd. Is Residence within limits of a city or incorporated town? Yes No d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHRONIC HOSPITALe. STREET ADDRESS (If rural, give location) 19 3748 Westminister21990

3. NAME OF DECEASED (Type or Print)

a. (First) LAURA

b. (Middle)

c. (Last) DREYER4. DATE OF DEATH (Month) (Day) (Year) 1 7 1954

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

12-2-1878

9. AGE (In years last birthday)

75

IF UNDER 1 YEAR Months Days IF UNDER 1 HOUR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Missouri12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME

Joseph Bowne

13b. MOTHER'S MAIDEN NAME

Rebecca House

14. NAME OF HUSBAND OR WIFE

Widow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Marshall 5904 Hartford St

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Carcinomatosis of abdominal viscera

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

Hypertensive cardio vascular disease

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 NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

199122. I hereby certify that I attended the deceased from 11/30, 19 53, to 1/7, 19 54, that I last saw the deceased alive on 1/7, 19 54, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Palmer Roush Powell M.D.23b. ADDRESS 5600 Arsenal St.

23c. DATE SIGNED

Jan. 8, '54

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

1-11-1954

24c. NAME OF CEMETERY OR CREMATORY

Park Lawn Cemetery

24d. LOCATION (City, town, or county) (State)

1800 Lemay Ferry Road Mo

DATE REC'D BY LOCAL REG.

JAN 9 1954

REGISTRAR'S SIGNATURE

J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Ziegenhein Bros. 6409 Gravois Ave

(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.....
Signature of Student Embalmer

Signed.....
Law M. Simon

Licensed Embalmer No. 43

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.