

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

20236  
State File No. ....  
Registrar's No. .... 5316

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
d. STREET ADDRESS (If rural, give location) 953 Laurel Ave.,

3. NAME OF DECEASED  
a. (First) LOUISE b. (Middle) OSLER c. (Last) BOWEN

4. DATE OF DEATH (Month) (Day) (Year)  
June 14, 1954

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED? Widowed

8. DATE OF BIRTH April 8, 1870

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

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Filmore, Ind.,

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Enoch Osler

13b. MOTHER'S MAIDEN NAME Sarah Jane Alvin

14. NAME OF HUSBAND OR WIFE Robert W. Bowen D.c.

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. None

17. INFORMANT'S SIGNATURE OR NAME R.N. Bowen ADDRESS 953 Laurel Ave.,

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial failure  
ANTECEDENT CAUSES  
DUE TO (b) Probably pneumonia  
DUE TO (c) Hypotrophic osteoarthritis  
II. OTHER SIGNIFICANT CONDITIONS  
Cataracts

INTERVAL BETWEEN ONSET AND DEATH  
6-13-54  
6-1-54  
30 yrs+

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) \_\_\_\_\_

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

21f. HOW DID INJURY OCCUR? 7230

22. I hereby certify that I attended the deceased from 3-13-49 to 6-14-54, that I last saw the deceased alive on 6-13-54, and that death occurred at 00A.M. from the causes and on the date stated above.

23a. SIGNATURE J. W. Clark (Degree or title) MD

23b. ADDRESS 864 Hamilton St. Louis 12 Mo

23c. DATE SIGNED 6-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 16, 1954

24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.,

24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. JUN 14 1954

REGISTRAR'S SIGNATURE J. Carl Smith Mo

25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark ADDRESS 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Clark  
864 Hamilton Ave.,  
PA. 1-2354

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.....

*Alfred J. Boedeker*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament Ave.,

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.