

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

24288

7158

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's 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)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4944 Wise Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarnate-Word</u>				d. STREET ADDRESS <u>4944 Wise Ave</u>			
3. NAME OF DECEASED a. (First) <u>Marguerite</u> (Type or Print)			b. (Middle) <u>Marie</u>		c. (Last) <u>Bowen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-31-1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4/6/1909</u>		9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 12 HOURS Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ben Emring</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Brady</u>		14. NAME OF HUSBAND OR WIFE <u>Edward C. Bowen</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. <u>493-24-9117</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward C. Bowen 4944 Wise Ave</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left lung.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lympho. Adenoma of left side of neck.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u> <u>under Oct. 1952.</u>	
19a. DATE OF OPERATION <u>7/21/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bugley of Mass in left side of neck - Lympho. Adenoma</u>				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? <u>163x</u>			
22. I hereby certify that I attended the deceased from <u>Jan 2</u> , 19 <u>54</u> , to <u>7-31-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-31-54</u> 19 <u>54</u> , and that death occurred at <u>11:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Williamson</u>				23b. ADDRESS <u>M. D. 6336 Clayton Rd</u>		23c. DATE SIGNED <u>8-2-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>8/3/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Chapel.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>	
DATE REC'D BY LOCAL REG. <u>AUG 2 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ambruster Mortuary 6633 Clayton Rd</u>			

(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

Ernest W. Spillers
Licensed Embalmer No. *4080*

P. O. Address _____

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.