

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. **10139**

FILED NOV 22 1954

BIRTH NO. **80709-54** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

No. 300  
10.48

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) <b>20 2557 Beitz</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bobby</b> b. (Middle) <b>GIRL</b> c. (Last) <b>BOWLING</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 6 54</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>11-4-54</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Days <b>2</b> IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State, or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>S</b>		13b. MOTHER'S MAIDEN NAME <b>Viola Bowling</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME <b>HOSPITAL RECORD</b> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Parasitosis - handled 2 days</b>			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <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? <b>776 X</b>		

22. I hereby certify that I attended the deceased from **11-4**, 19**54**, to **11-6**, 19**54**, that I last saw the deceased alive on **11-6**, 19**54**, and that death occurred at **10:45 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mary A. Davis, M.D.</b>		23b. ADDRESS <b>1515 Lafayette.</b>		23c. DATE SIGNED <b>11-8-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-8-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Luthern</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>NOV 8 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLAUGHLIN FUNERAL HOME, INC. 2301 Lafayette, St. Louis 4, Mo.</b>	
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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 *James R. Chapman*  
Licensed Embalmer No. *45*  
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.