

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42208

State File No.

FILED DEC 17 1954

318

1003

10975

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2089	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8715 Partridge Avenue, 15,				d. STREET ADDRESS (If rural, give location) 8715 Partridge Avenue, 15,			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) HARRISON		c. (Last) BOWMAN		4. DATE OF DEATH (Month) (Day) (Year) Dec. 1st, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 11th, 1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Restaurant		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and State or Foreign Country) Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harrison Bowman		13b. MOTHER'S MAIDEN NAME Leura (Unknown)		14. NAME OF HUSBAND OR WIFE Elise Rentz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War # 1		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John H. Bowman, 8715 Partridge 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage butks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive vascular disease 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 7 yrs
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442X.			
22. I hereby certify that I attended the deceased from 19 Oct , 19 54 , to 1 Dec , 19 54 , that I last saw the deceased alive on 24 Nov , 19 54 , and that death occurred at 6:45A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Richard A. Jones MD				23b. ADDRESS St. Louis 3720 Washington		23c. DATE SIGNED 1 Dec-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/4/54	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., 15, Missouri		
DATE REC'D BY LOCAL REG. DEC 2 1954		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ 4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

3720 Washington Avenue,
Hours 2 to 4PM Wednesday Surre
Je. 3-1057

File in City

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 *John A. Miller*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, Mo*

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.