

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 10441

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>331</u>		Registrar's No. <u>642</u>	
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 <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u> years		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		<u>4376</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7459 Stratford Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>7459 Stratford Ave</u>			
3. NAME OF DECEASED (Type or Print) <u>LEONORA</u>		a. (First)		b. (Middle) <u>BOWMAN</u>		c. (Last) <u>KINNAIRD</u>	
4. DATE OF DEATH <u>March 18, 1955</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>Sept. 25, 1876</u>		9. AGE (In years last birthday) <u>78</u>		10. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Harrodsburg, Kentucky</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 (City and State or Foreign Country) / <u>Harrodsburg, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Howard M. Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Kate Watkins</u>		14. NAME OF HUSBAND OR WIFE <u>Lawrence Kinnaird.</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Arthur Koelle. 7459 Stratford 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>Hemorrhage from cerebral artery</u>  ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis of cerebral artery</u>  DUE TO (c) <u>Osteoarthritis</u>  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 hour</u>  <u>Uncertain</u>  <u>Approx. 12 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>331X</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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 30, 1942</u> , to <u>March 18, 1955</u> , that I last saw the deceased alive on <u>Dec. 31, 1954</u> , and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. O. Brown, M.D.</u>		(Degree or title)		23b. ADDRESS <u>G. O. Brown, M.D., 1325 South Grand Boulevard</u>		23c. DATE SIGNED <u>3/19/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>3/21/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3/19/55</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Lamb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. Lupton &amp; Sons; 7233 Delmar Blvd.,</u>			

(Licensed Embroider - Seal 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 Clarence H. Murray

Licensed Embalmer No. 4011

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.