

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6188**
1837
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 town) ST LOUIS,		c. LENGTH OF STAY (In this place) _____	c. CITY OR TOWN ST LOUIS,
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL		e. STREET ADDRESS (If rural, give location) 4630 CARRIE AVE	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) W. c. (Last) BOWEN		4. DATE OF DEATH (Month) (Day) (Year) FEB, 19, 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH ABOUT 1870
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PAPERHANGER	11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME UNKNOWN	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ALICE GIBBONS BOWEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME JULIA GOOD		ADDRESS 4671 POPE AVE.	
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) MYOCARDIAL INFARCTION (POSTERIOR CORONARY)		INTERVAL BETWEEN ONSET AND DEATH 7 days	
*This does not mean the mode of dying, such as heart failure, asthma, 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) ARTERIO SCLEROSIS		8-10 yrs.	
DUE TO (c) _____		DUE TO (a) _____	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) _____	
Conditions contributing to the death but not related to the disease or condition causing death. SENILITY		DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? 420.1		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE 70		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Feb. 13, 1956 , to Feb. 19, 1956 , that I last saw the deceased alive on Feb. 18, 1956 , and that death occurred at 12:45 m. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Joseph H. Wickel M.D.	
23b. ADDRESS 745 W. 24th St. St. Louis, Mo.		23c. DATE SIGNED 2/22/56	
24a. BURIAL/CREMATION, REMOVAL (Specify) RIFTAY		24b. DATE 2/22/56	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. FEB 21 1956		REGISTRAR'S SIGNATURE J. Carls Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE	

(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.....
Signature of Student Embalmer

Signed *M W Rueten*.....

Licensed Embalmer No. *4865*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.