

No. 300
10. 48

FILED FEB 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 7582

BIRTH NO. 11995-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 332

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give town) Richmond Heights		c. CITY OR TOWN Saint Charles	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) 409 North Kingshighway Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Mary's Hospital			
3. NAME OF DECEASED (Type or Print) Stephan Logan Bowles		4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 2, 1956
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None-Child		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Mo.
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Francis Dee Bowles	13b. MOTHER'S MAIDEN NAME Mary Forester	14. NAME OF HUSBAND OR WIFE None
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 Francis Dee Bowles, St. Chas., Mo.
		ADDRESS

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		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital defect of pylorus		
ANTECEDENT CAUSES		DUE TO (b) Prematurity	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Cesarean section uterine bleeding in mother	
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 7625	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 2-2, 1956, to 2-3, 1956, that I last saw the deceased alive on 2-3, 1956, and that death occurred at 7 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Signature)	(Degree or title)	23b. ADDRESS 35-N Central	23c. DATE SIGNED 2-4-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 4, 1956	24c. NAME OF CEMETERY OR CREMATORY Borrromeo Cemetery	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
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DATE REC'D BY LOCAL REG. 2-4-56	REGISTRAR'S SIGNATURE Herbert B. Dombrowski	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dalloway	ADDRESS St. Charles, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

4005

710

Note: Body not embalmed

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.....

Licensed Embalmer No.....

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