

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030178

STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7559

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 4555a Shenandoah		d. STREET ADDRESS 4555a Shenandoah	
Length of stay in lb 25 Yrs. 1/79		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Charles S. Bowman			4. DATE OF DEATH Month Day Year 8 1 1958		
---	--	--	--	--	--

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1865	9. AGE (In years last birthday) 92	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
------------------	---------------------------	---	------------------------------------	------------------------------------	---------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer (ret.)	10b. KIND OF BUSINESS OR INDUSTRY Bowman Prtg. Co.	11. BIRTHPLACE (City and state or country) Paris, Ills.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary A. Bowman
-------------------------------	--------------------------------------	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, or unknown) / (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Address Everett Rudd 5937 Gates Avenue
--	-------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia, chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yrs.</u> <u>10 yrs.</u> <u>6 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Interstitial Nephritis</u>	
	DUE TO (c) <u>Carcinoma of Intestine & Secondary Uremia</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Imanition.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
--	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
--	---	--	------------------------------	--------	-------

21. I attended the deceased from <u>May 1956</u> to <u>Aug 1, 1958</u> and last saw him alive on <u>July 31, 1958</u> Death occurred at <u>11:55 AM Aug 1, 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE (Degree or title) <u>Francis Canepa M.D.</u>	22b. ADDRESS <u>4500 Olive St.</u>	22c. DATE SIGNED <u>Aug. 2, '58</u>
--	---------------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>8/5/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>	23d. LOCATION (City, town, or county) (Specify) <u>St. Louis County, Mo.</u>
---	----------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS <u>Drehmann-Harral, 1905 Union Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>AUG 4 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> <u>mjb.</u>
--	--	--

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Warren A. Carver*

Licensed Embalmer No. *3534*

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.