

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10694** STATE FILE NUMBER **163-041223**

FILED NOV 7 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	DATE AMENDED
Rev. 4/59	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri ; COUNTY		c. CITY OR TOWN St. Louis.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1031 Lafayette, Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Andrew Middle Wallace Last Bowers			4. DATE OF DEATH Month October Day 26 Year 1963		5. SEX Male		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 3/13/1889		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months 7 Days 4		IF UNDER 24 HR Hours 1 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Hardy, Arkansas.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Bowers			13b. MOTHER'S MAIDEN NAME Hannah Walker		14. NAME OF HUSBAND OR WIFE Susie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.			16. SOCIAL SECURITY NO.		17. INFORMANT Imogene Bridgewater, 1041 Lafayette, Ave.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Confluent bronchial pneumonia; DUE TO (b) Coronary Sclerosis. DUE TO (c) 420.1								INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 4:20.1 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Joseph M. Quinn</i>			(Degree of Registrar) <i>Quinn</i>		22b. ADDRESS 1300 Clark Ave		22c. DATE SIGNED 10-15-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 10-28-63		23c. NAME OF CEMETERY OR CREMATORY Davis Cemetery		23d. LOCATION (City, town, or county) (State) Thayer, Missouri.	
24. FUNERAL DIRECTOR Carter Funeral Home, Thayer, Mo.			25. DATE RECD. BY LOCAL REG. OCT 28 1963		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

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 Harvey Stahl

Licensed Embalmer No. 4596

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.