MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28915

File No.

Registered No. 8014

1. PLACE OF DEATH

County

Township

City St. Louis (No. St. Johns Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Mary Bowlster

(a) Residence. No. 3846 Sullivan a St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Richard G. Bowlster

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby. 2 – 1857

7. AGE: Years 72 | Months 5 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER James O'Sullivan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT John R. McCarthy
(Address) 1710 N. Grand Blvd

15. AUG 5 1929 FILED 19.... Ray C. Stanley M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 1st 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr, 1927, to Aug 1, 1929 that I last saw her alive on Aug 1, 1929 and that death occurred, on the date stated above, at 1:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Myocarditis Chronic

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Bronchitis non Tubercular (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St Louis Hosp
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Fred C. Brown M.D.
, 19 (Address) 5707 Beaumont Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery | DATE OF BURIAL: Aug. 5 1929

20. UNDERTAKER: Cullinane Bros | ADDRESS: 1702 N. Grand Bl

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

15 2356

Dr. Boemer
4915 Lindell Bl.
6 Ave