

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

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.

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

Do not use this space.

2605

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis

(No.)

City Informant

File No.

Registered No.

St.

Ward)

2. FULL NAME

Jennie Bowman

(a) Residence, No. 5800 Arsenal St. 13 Ward.

Length of residence in city or town where death occurred 35 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1871

7. AGE YEARS 60 MONTHS 6 DAYS 25 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Maine (STATE OR COUNTRY) 2

13. NAME Richard Bowman

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) 31

15. MAIDEN NAME Mary Wentell

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. M. E. Gifford (ADDRESS) 4259 Washington Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. MATTHEWS DATE Jan 11 1932

19. UNDERTAKER Bensieck-NIEHAUS (ADDRESS) 1138 1/2 E. 12th St.

20. FILED Jan 11 1932 May Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932, to Jan 5 1932

I last saw her alive on Jan 5 1932 Death is said

to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
chronic myocarditis

Other contributory causes of importance: 708

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. J. Rodgers M. D.

(Address) 5600 Arsenal

1/2

1/2