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

Do not use this space.

41319

JAN 26 1933

96 2 7

1. PLACE OF DEATH
County: St. Louis — Registration District No.: 790 — File No.:
Township: ~~Central~~ — Primary Registration District No.: 6033 — Registered No.: 209
City: Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME: Irma Bowman
(a) Residence, No.: Walsh Ferry Rd St.: Baden 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: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 5. 1898

7. AGE: Years 35 — Months 9 — Days 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 15 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

FATHER
13. NAME: Joseph Franke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER
15. MAIDEN NAME: Elizabeth Ohmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

17. INFORMANT (ADDRESS): Elizabeth Franke Walsh Ferry Rd.

18. BURIAL, CREMATION, OR REMOVAL (PLACE): St. Ferdinand Cem. DATE: Dec 23, 1933

19. UNDERTAKER (ADDRESS): Chas. S. Stuart 1325 Arsenal Blvd

20. FILED: 12/22, 1933 Robert J. Hawkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1933, to 12-21, 1933
I last saw h. alive on 12-21, 1933. Death is said to have occurred on the date stated above, at 1:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	12-18-33
Pyogenic Osteomyelitis (left hip)	11-1-33?
Decubital ulcers	11-1-33?
Other contributory causes of importance:	

(Coroner's view)

Name of operation: Clinic — Date of:
What test confirmed diagnosis? lab history — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? acct — Date of injury: ....19..
Where did injury occur? home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place:
Manner of injury: stepping from own automobile
Nature of injury: injured foot, sometime prior to taking ill.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) T. R. Usher M.D.
(Address) St. Louis Co. Hosp.

O.K. Luke B. Timson M.D.

Corr. St. Louis 1/1/33

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