

JUN 1 2 1935

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

Do not use this space.

15140

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis, Mo. (No. City, Sanitarium)

File No. ....  
Registered No. **4667**  
St. .... Ward)

2. FULL NAME

Winfield Scott Bowler  
(a) Residence, No. 5800 Arsenal St., 13 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 m 4. COLOR OR RACE wh 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) July 6, 1851

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
83 9 9

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

12. BIRTHPLACE (CITY OR TOWN) X (STATE OR COUNTRY) Mo

13. NAME George Bowler

14. BIRTHPLACE (CITY OR TOWN) X (STATE OR COUNTRY)

15. MAIDEN NAME Arameta X

15. BIRTHPLACE (CITY OR TOWN) X (STATE OR COUNTRY)

17. INFORMANT J. Sullivan (ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 5-10 1935

19. UNDERTAKER Walter Richter (ADDRESS) 3500 Rutger St.

20. FILED MAY 25 1935 1935 J. Bradeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 73, 1933, to Apr 15, 1935  
I last saw him alive on Apr 15, 1935 Death is said to have occurred on the date stated above, at 7:45 P.M.

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

Chronic myocarditis Date of onset 1933

Other contributory causes of importance: Senility 930 1933

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....

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) Maxwell T. Haw, Jr. M. D.  
(Address) 5600 Arsenal St.

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.

