

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

Do not use this space.

SEP 25 1935

28301

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123  
 Township \_\_\_\_\_ Primary Registration District No. 6248B  
 City Jefferson Barracks (No. Veterans Administration Facility) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. 279

**2. FULL NAME** BOWLES, Charles

(a) Residence, No. R. #12 Kirkwood, Missouri, Ward. Kirkwood, Missouri  
 (Usual place of abode) (If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 27, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
41 10 10

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

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

10. Date deceased last worked at this occupation (month and year) July 15, 1935 11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murphy Missouri

13. NAME Anderson Thomas Bowles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murphy Missouri

15. MAIDEN NAME Mary Ellen Horan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT A. W. SCHULZ, M.D.  
 (ADDRESS) Vet. Adm. Facility, Jeff. Brks., LO.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Louis DATE 8/10/35

19. UNDERTAKER Kenneth W. Koch  
 (ADDRESS) 1-ENGLEWOOD

20. FILED Aug 8, 1935 St. Louis Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1935 19....., to August 7, 1935, 19.....

I last saw him alive on August 7, 1935, 19..... Death is said to have occurred on the date stated above, at 2:40 P.

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

Nephritis, chronic, complicated with uremia. Date of onset Unkn.

Other contributory causes of importance:  
Hypertension, severe; arterio-sclerosis peripheral. Unkn.

Name of operation None Date of History, physical, x-ray and lab. findings.  
 Was there an autopsy? No Was there an autopsy? No  
 Clinical manifestations.

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? \_\_\_\_\_  
 If so, specify As above  
 (Signed) A. W. SCHULZ, M.D. Act. Chief Med. Off. M. D.  
 (Address) Vet. Adm. Facility, Jeff. Brks., MO

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.

