

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.

DEC 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1002**
City **St. Louis** (No. **4356 West Pine Blvd.**)..... Ward)

37782

File No.....
Registered No. **9737**

2. FULL NAME **Lockey R. Bowen**

(a) Residence, No. **4356 West Pine Blvd.** St. **19** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **James W. Bowen**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 30th, 1876**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
59		3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At Home**
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) (STATE OR COUNTRY) **Ohio**

13. NAME **John P. Stewart**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

15. MAIDEN NAME **Matolda Welsch**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

17. INFORMANT (ADDRESS) **James W. Bowen**
4356 West Pine Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial P.** DATE **Nov. 22nd, 1935**

19. UNDERTAKER (ADDRESS) **Bredek**
1905 Union Blvd.

20. FILED **NOV 20 1935** 19 **J. T. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 19th, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **March 15, 1928, to Nov. 19, 1935**
I last saw her alive on **Nov. 19, 1935** Death is said to have occurred on the date stated above, at **10 P.m.**

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

Chronic endocarditis Date of onset **1930**
Chronic myocarditis **1930**

Other contributory causes of importance:
Cerebral thrombosis **1934**

Name of operation **none** Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Norton John Overell**, M. D.
(Address) **4129 W. Washington Blvd.**

4179 Washington

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