3-

APR 11 1936

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

Do not use this space.

8653

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. En Route City Hospital #2 St. ..... Ward)

File No. .....

Registered No. 2475

2. FULL NAME Wm Bowden

(a) Residence, No. 2737 Biddle St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt 70			

OCCUPATION

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

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) Unknown

FATHER

13. NAME "

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

MOTHER

15. MAIDEN NAME "

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

17. INFORMANT (ADDRESS) Harold Shulz Dep. Cor. Coroners Court Bldg.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery DATE 3/4/ 1936

19. UNDERTAKER (ADDRESS) Wm C. McDowell 3506 Franklin Ave

20. FILED MAR 5 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

no physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:18 P.M.

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

	Date of onset
Rupture of Liver, Both Lungs and Both Kidneys received when struck by auto in St. Louis, Mo.	1946
Other contributory causes of importance: Deceased was a pedestrian Accident	2 10 M

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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

Accident, suicide, or homicide? Accid. Date of injury 2/14, 1936

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

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

Manner of injury Struck by auto

Nature of injury Ruptured Liver

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) [signature], M.D.

(Address) [signature] Deputy Coroner

3/8/36

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.