

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.

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

Do not use this space.

AUG 18 1936

1. PLACE OF DEATH

County

Registration District No.

791

Township

Primary Registration District No.

1003

City St Louis Mo.

(No.)

5800 Clemens Ave

File No.

28945

Registered No.

7714

St.

Ward)

2. FULL NAME Samuel Bowman

(a) Residence, No.

5800 Clemens Ave

St.

5

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

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

Ottillie Schiele

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

Feb 21, 1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

85

4

27

OCCUPATION

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

Realator & Investments

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)

Weston

Mo.

FATHER

13. NAME

David Bowman

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

Germany

MOTHER

15. MAIDEN NAME

Hannah Katz

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

Germany

17. INFORMANT

(ADDRESS)

D. Arthur Bowman

5800 Clemens Ave

18. BURIAL CREMATION, OR REINTERMENT

PLACE

Mt. Sinai

DATE

7/20

1936

19. UNDERTAKER

(ADDRESS)

Mayer
4356 Lindell

20. FILED

JUL 20 1936

J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

7/18

1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 15

1935

7/18

1936

I last saw him alive on

7/17

1936

Death is said

to have occurred on the date stated above, at 4:30 p.m.

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

Arterio sclerosis

Date of onset

Other contributory causes of importance

Name of operation

no

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

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

(Signed)

W. J. Brand

M. D.

(Address)

3115 S. Grand

