

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.

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

Do not use this space.

APR 9 1937

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **4239**) **San Francisco** St. **10** (Ward)

File No. **9953**
Registered No. **2513**

2. FULL NAME **August Henry Bowenkamp**

(a) Residence, No. **4239 San Francisco** St. **10** Ward. (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 **Josephine Bowenkamp**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 15th, 1884**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Stone Cutter**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Self**
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) **Missouri**

13. NAME **Henty Bowenkamp**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

15. MAIDEN NAME **Emma Weitkamp**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

17. INFORMANT **Josephine Bowenkamp** (ADDRESS) **4239 San Francisco**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cape Grove** DATE **3/5/37**

19. UNDERTAKER (ADDRESS) **Transatlantic Co 3710 N. Grand Blvd**

20. FILED **7861 7861 J. Predeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 2nd, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 26**, 1937, to **March 2**, 1937
I last saw him alive on **March 2**, 1937 Death is said to have occurred on the date stated above, at **11:15 A.M.**

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

Date of onset
Robert Pneumonia
Chronic myocarditis

Other contributory causes of importance:
Name of operation 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) **D. W. Thomson**, M. D.
(Address) **2121 N. Grand**

10-12
2-4
3/217. G. L. H. H. H.