

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No.)

Registration District No. 791
Primary Registration District No. 1008
City City Infirmary

File No. 21834
Registered No. 5586
St. Ward)

2. FULL NAME

Dr. Wm. Bowler,
City Infirmary Hospital 13

(a) Residence, No. St. Ward.
(Usual place of abode) 5800 Arsenal St. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1856.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>1856 780</u>	<u>16</u>	<u>20</u>	

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

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

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) Belleville,
(STATE OR COUNTRY) Illinois

13. NAME John Bowler,

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

15. MAIDEN NAME Elizabeth Hilford,

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

17. INFORMANT E. Molony,
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lees Summit, Mo. DATE June 7th 1937

19. UNDERTAKER Albert H. Honpe Inc.,
(ADDRESS) 429 N. Euclid Avenue

20. FILED JUN 6 1937 J. H. Bredack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1937.

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936, to June 2, 1937

I last saw him alive on June 2, 1937 Death is said to have occurred on the date stated above, at 9:05 m. A.M.

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

CHRONIC MYOCARDITIS
PULMONARY EDEMA
ARTERIOSCLEROSIS GENERALIZED

Name of operation Date of
What test confirmed diagnosis? 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 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
(Signed) [Signature] M. D.
(Address) 5600 Arsenal

770 88 2 3 3

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.

