

JUL 8 - 1937

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. **1003**  
City **St. Louis** (No. **St. Johns Hosp**)

22308

File No.....  
Registered No. **6060**  
St. (Ward)

2. FULL NAME **May J. Bowdern**

(a) Residence, No. **4909 Parkview Pl** St., **12** 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 **Female** 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 4, 1888**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<b>55</b>	<b>49</b>	<b>2</b>	<b>18</b>	

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

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

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) **St. Louis, Mo**

13. NAME **Thomas Bowdern**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **Nellie Hardy**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **Dr. E. H. Bowdern**  
(ADDRESS) **4909 Parkview Pl**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Calvary Cem** DATE **6/24/37**

19. UNDERTAKER **Harrigan & Sheahan Und Co**  
(ADDRESS) **4415 Washington Blvd.**

20. FILED **661 82 N.P.** 19 **J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/22/37**, 19

22. I HEREBY CERTIFY, That I attended deceased from **May 20**, 19**37**, to **June 22**, 19**37**  
I last saw her alive on **June 22**, 19**37** Death is said to have occurred on the date stated above, at **7 1/2** m.

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

**Carcinoma Transverse Colon** Date of onset

Other contributory causes of importance:

**Duodenal Ulcer**

Name of operation **Bowel resection** Date of **5-26-37**

What test confirmed diagnosis? **Urovel** 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) **W. J. Gallagher**, M. D.

(Address) **Missouri Theatre Bldg**

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.

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