

REC'D MAR 14 1938

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

Do not use this space.

4608

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City ST. LOUIS, MONo. PARK LANE MEMORIALFile No. 1253Registered No. 1253

St. _____ Ward _____

2. FULL NAME

INFANT BOWMAN 559(a) Residence, No. 2805^A WISCONSIN St. 24 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

MEDICAL CERTIFICATE OF DEATH

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

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

February 2-1938

7. AGE

YEARS

Stillborn

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

OCCUPATION

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

nil

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

FATHER

MOTHER

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

St. Louis Mo

13. NAME

Truman Bowman

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

Cape Girardeau Mo

15. MAIDEN NAME

Lola Simpson

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

Cape Girardeau Mo

17. INFORMANT (ADDRESS)

Truman Bowman 2805^A Wisconsin

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cape Girardeau

DATE

Feb. 3

19. UNDERTAKER (ADDRESS)

Albert H. ... 429 N. ...

20. FILED

FEB 9 1938J.P. ...

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

Feb. 2 1938

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 10 A. m.

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

Gas Card

Date of case

Other contributory causes of importance:

T.V. Prostect

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?

If so, specify.....

(Signed) J.P. ..., M. D.(Address) 4930 ...

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Statement of Licensed Embalmer

J. G. Sullivan, Licensed Embalmer No. 1122
hereby certify that the body recorded on the reverse
side of this certificate was embalmed by the
undersigned

Signed - J. G. Sullivan

License No. 1122