

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
10084763
Do not use this space.

1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City *St. Louis Mo* (d) Street No. *At St. Mary's Infirmary* Registered No. *1408*
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Sallie Lucille Moten Bowman* *550*

- (a) Residence, No. *1327 Wash St.* St. *25*
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *William Bowman*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 17, 1898*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 8 ---

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housework*
 9. Industry or business in which work was done, as 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) *Mississippi*

13. NAME *Unknown*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *William Bowman*
1327 Wash St.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Dicksons* DATE *2/8/38*

19. FUNERAL DIRECTOR (ADDRESS) *A. H. Burks*
1619 S. 3rd St.

20. FILED *FEB 8 1938* *J. F. Bredeck*
 Local Registrar.

NO MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/1/38* 19

22. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19

I last saw him alive on, 19, Death is said to have occurred on the date stated above, at *9:35 P.M.*

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

Broncho Pneumonia

Other contributory causes of importance: *Primary*

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? *No*
 If so, specify *Alfred J. Parys*

(Signed) *Alfred J. Parys* M. D.
 (Address) *Weptha Coroner*

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 2842

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Signed Louis V. Atkins, Registered Apprentice No. _____
Licensed Embalmer No. 2842

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)