

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13411

Do not use this space.

4015

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City ST. LOUIS

(e) Length of residence in city or town where death occurred

Registration District No.

Primary Registration District No.

(d) Street No. 4431 S. BROADWAY

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY CORBET BOWMAN(a) Residence, No. 4431 S. BROADWAYSt. 15

(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

WHITE

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFWILLIAM BOWMAN

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

JUNE 25-1863

7. AGE

YEARS

74

MONTHS

10

DAYS

3

If LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.AT HOME9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)ST. LOUIS MISSOURI

FATHER

13. NAME EBEN A. CORBET14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)SCOTLAND

MOTHER

15. MAIDEN NAME KATHERINE L. TILLEY16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)KENTUCKY LEXINGTON17. INFORMANT
(ADDRESS)DR. CHAS E. HYNDMAN

18. BURIAL, CREMATION, OR REMOVAL

PLACE

MEMORIAL PARK

DATE

APRIL 30 1938

19. FUNERAL DIRECTOR

(ADDRESS)

C. R. HUPTON & SONS4449 OLIVE ST.

20. FILED

APR 29 1938J. P. Buddeh
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 28th 1938

22. I HEREBY CERTIFY, That I attended deceased from

Apr 30, 1938, to April 28, 1938I last saw her alive on Apr 27, 1938. Death is saidto have occurred on the date stated above, at 9:15 m.

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

Date of onset

Acute myocardial infarction
Chronic Thyrocarditis
7 yrs
3 yrs

Other contributory causes of importance:

Serious
acute gastritis caused by
an acute attack of indigestion
from improper diet
Name of operation None Date of no
What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19no

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)

Chas E Hyndman M. D.
3720 Washington

DR. CHAS HYNEMAN

3720 York

JE 6-1-11

5724 Bates Ca 29

2-14

STATEMENT BY LICENSED EMBALMER

I, C.R. Lupton, Licensed Embalmer No. 2123

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

L. E.

No. 2901 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed C.R. Lupton
Licensed Embalmer No. 2123

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.)