

REC'D DEC 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37619
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 1003
 (b) Township 1 Primary Registration District No. 9946
 (c) City St. Louis (d) Street No. 4221 Clay Ave. St.
 (e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie Mary Bowman

(a) Residence, No. 4221 Clay Ave. St. 10
 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. Bowman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20th. 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 5 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Venice,
 (STATE OR COUNTRY) Ills.

13. NAME William Martin
 14. BIRTHPLACE (CITY OR TOWN) Switzerland
 (STATE OR COUNTRY) 7

15. MAIDEN NAME Minnie Neukirck
 16. BIRTHPLACE (CITY OR TOWN) Ills.
 (STATE OR COUNTRY) 1

17. INFORMANT John E. Bowman
 (ADDRESS) 4221 Clay Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Friedens Cemetery DATE 11-19-38

19. FUNERAL DIRECTOR (NAME) Provost Und. Co.
 (ADDRESS) 3710 N. Grand Blvd.

20. FILED NOV 18 1938
J. Bredeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-38 . 19
 22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938 to Nov 16, 1938
 I last saw her alive on Nov 16, 1938 Death is said to have occurred on the date stated above, at 10.12 P.M.
 The principal cause of death and related causes of importance were as follows:

General hypertension with
Cardiac decompensation known
 Date of onset

Other contributory causes of importance 95
 Name of operation none Date of
 What test confirmed diagnosis? clinical 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
 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) Roland R. Menouret, M. D.
 (Address) 5330 Geraldine

R.R. Morrow
5330 Geraldine ave
1-2

Robert Morrow
5330 3

Doctor will please
fill out same &
Leave Here
will pick it up

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

A. A. Smithers

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.