

REC'D JAN 11 1939

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

41568
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City ST. LOUIS
(d) Street No. 3719 N. EUCLID AVE
(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

(a) Residence, No. 3719 N. EUCLID AVE St. 7
(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 MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) SINGLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 21-1920
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
18 4 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. STUDENT
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) ST. LOUIS, MO.

13. NAME JOHN H. BOWMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS

15. MAIDEN NAME ELISE RENTZ
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TEXAS

17. INFORMANT (ADDRESS) John H. Bowman
3719 N. Euclid Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Dec. 31 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. M. Schumacher
4834 Natural Bridge

20. FILED DEC 30 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-20 to 12-29, 1938
I last saw him alive on 12-28, 1938 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Chr. Endocarditis
Chr. Myocarditis
Chr. Nephritis

Other contributory causes of importance:

Name of operation None Date of None
What test confirmed diagnosis Phys Exam 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 None
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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify E.A. Lonsche M. D.
(Signed) E.A. Lonsche
(Address) 4855 Natural Bridge

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, _____

_____, or by _____

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

Signed _____

Licensed Embalmer No. _____

3880

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.