

REC'D FEB 10 1939

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

159

Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. **1008**
 (b) Township St. Louis Primary Registration District No. **159**
 (c) City St. Louis (d) Street No. **W. Reggier Hill at Jones Park** Registered No. **159**
 (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

550 ABRAM HITE BOWMAN
 (a) Residence, No. **5575 Wataman av.** St. **5** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **DELVA L BOWMAN**

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt 63 ?

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **SALES MANAGER**
 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) **1-3-1939** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **HARRODSBURG KY**13. NAME **HOWARD MARION BOWMAN**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **KY**15. MAIDEN NAME **KATE WATKINS**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virg**17. INFORMANT (ADDRESS) **CLIFFORD F ZELL 7417 Byron Pl. Clayton**18. BURIAL, CREMATION, OR REMOVAL PLACE **VALHALLA CEMETERY** DATE **Jan-5th 1939**19. FUNERAL DIRECTOR (ADDRESS) **Co. R. Lupton Sons 7233 Delmar Blvd.**20. FILED **JAN 4 1939** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-3-39**

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..... m.

(The principal cause of death and related causes of importance were as follows: **Internal hemorrhage and torn aorta and dislocation of cervical vertebrae when the automobile in which he was driving**)Other contributory causes of importance: **Collided with a tree about 400 feet West of Knappton, Bedford High in Park Jan 3, 1939, Time Unknown**What test confirmed diagnosis? Was there an autopsy? **Yes**23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **1-3-39**Where did injury occur? **St. Louis** (Specify city or town, county, and State)Specify whether injury occurred in industry, in home or in public place. **Public Place**Manner of injury **See above**Nature of injury **See above**24. Was disease or injury in any way related to occupation of deceased? **No**If so, specify **See above**(Signed) **Joseph W. Quinn** M.D.(Address) **Deputy Coroner**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Bradford A. Miles, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ I. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Bradford A. Miles
Licensed Embalmer No. 2901

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.)