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.

REC'D MAR 13 1939

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

721
1003

4896
Do not use this space.

Registration District No.

Primary Registration District No.

Registered No. 1589

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis (d) Street No. St. Marys Infirmary St.
(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 Life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 57 Robert Bowman

(a) Residence, No. 6333 Wagner Ave. St. NR Wellston, Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Bowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Abt 72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Civil Service

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) Missouri

FATHER

13. NAME Sandy Bowman Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Catherine Hudson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Sandy Bowman Jr.
(ADDRESS) 6311 a S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 2/19/ 1939

19. FUNERAL DIRECTOR R. F. C. Green
(ADDRESS) 3517 Laclede Ave

20. FILED FEB 18 1939 J. B. Budlick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14/ 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1939, to Feb. 14, 1939
I last saw h.. alive on Feb. 14, 1939. Death is said to have occurred on the date stated above, at 12 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Bladder	About 2 yrs.
Urinary	

Other contributory causes of importance: 57 none

Name of operation none suspected Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? Yes

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?
If so, specify

(Signed) E. B. Key, M. D.

(Address) 4 So. Compton

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 1173

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