

MAR 20 1939

REC'D APR 6 1939

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

12400
Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200
 (c) City Jefferson Barracks or (d) Street No. Vet Hosp. St.
 (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.
 Unkn.

2. PRINT FULL NAME William T. BOWEN
 (a) Residence, No. 209 12th Street St. Cairo, Illinois.
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Forest Bowen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
47 1 10

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baker
 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) Murphysboro,
 (STATE OR COUNTRY) Illinois

FATHER
 13. NAME William Bowen
 14. BIRTHPLACE (CITY OR TOWN) -
 (STATE OR COUNTRY) Illinois

MOTHER
 15. MAIDEN NAME Maggie Bowen
 16. BIRTHPLACE (CITY OR TOWN) -
 (STATE OR COUNTRY) Illinois

17. INFORMANT C. M. Schallig, VAF., Jefferson Barracks, Missouri
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Anna G. Schallig, 1339

19. FUNERAL DIRECTOR (NAME) W. C. Perkins
 (ADDRESS) Cairo, Illinois

47002 (Official Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1939 to March 17, 1939
 I last saw him alive on March 17, 1939. Death is said to have occurred on the date stated above, at 1:05 P. M.
 The principal cause of death and related causes of importance were as follows:
Myocardial degeneration with coronary sclerosis (arteriosclerotic). Unkn. Date of onset

Other contributory causes of importance: Arteriosclerosis, general. Unkn.

Name of operation None Date of Physical, clinical manif. and lab.
 What test confirmed diagnosis? 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 -, 1939
 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 See above
 (Signed) C. M. HUGHES, Chief Med. Officer M. D.
 (Address) VAF., Jefferson Barracks, Mo.

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.

RECORD THIS IS A PERMANENT RECORD

MAR 20 1939

47002 (Official Registrar)
 Released Embalmer's Statement (Reverse Side)

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.....

J. G. Sullivan
Licensed Embalmer No.....

P. O. Address.....

1122

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.