

AUG 11 1939

791

Registration District No.

Primary Registration District No.

Registrar's No.

6052

1. PLACE OF DEATH:

1003

- (a) County _____
(b) City or town St. Luke's Hospital
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution three weeks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT

FULL NAME Ida Bowman

3. (b) If veteran, name war _____
3. (c) Social Security No. 551
nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mark 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased October 7 1906
(Month) (Day) (Year)

8. AGE: Years 32 Months 8 Days 29 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation
- Housewife

11. Industry or business _____

- MOTHER FATHER { 12. Name Joseph Beckmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Ida Voss
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mark Bowman
(b) Address 4135 Chippewa

17. (a) Burial (b) Date thereof July 10-39
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Val Halle Cemetery

18. (a) Signature of funeral director Wm. L. Mayhew
(b) Address 1926 Allen Ave.

19. (a) JUL 10 1939
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4135 Chippewa Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1939 hour 11 noon minute _____ M.

21. I hereby certify that I attended the deceased from June 11th, 1939, to July 6, 1939;
that I last saw her alive on July 6, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic glomerulo nephritis
marked hypertensionDue to nephritisDue to uremia
nephritisOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy chronic nephritis
dropsy - chronic cardiac enlargement

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Heather Fisher (M. D. or other) M.D.
Address 3720 Washington Date signed July 7
1939

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 Benj. C. Duncan
Licensed Embalmer No. 8272
P. O. Address 1924 Allen

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.