DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23999

REGD AUG 11 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 6272

1003

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4246 Bates St....
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 4246 Bates St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Marie Bowerman 655

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Bowerman

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April (Month) 2 (Day) 1867 (Year)

8. AGE: Years 72 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Sweden (City, town, or county) Sweden (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Sweden (State or foreign country)

MOTHER
14. Maiden name Christine Johnson
15. Birthplace (City, town, or county) Sweden (State or foreign country)

16. (a) Informant's own signature Edward Bowerman
(b) Address 4246 Bates St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-39 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) JUL 16 1939 (Date received local registrar) (b) J. P. Boedeker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th year 1939 hour 4 minute P.M. M.

21. I hereby certify that I attended the deceased from 2-6-39, 1939, to July 14, 1939; that I last saw her alive on July 13, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Auricular fibrillation	3 days
Due to Chronic Myocarditis and mitral stenosis	1 year 4 years
Due to	
Other conditions Fibrinous pleurisy. (Include pregnancy within 3 months of death)	3 days

No pneumonia

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature Eugene H. Edele (M. D. or other) M.D
Address 5401 Gravois Date signed 7-15-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.