REC'D SEP 14 1939

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

30073
Do not use this space.

1. PLACE OF DEATH
(a) County St Charles 3 1
(b) Township Dardenne
or
(c) City
Registration District No. 760 B
Primary Registration District No. 6001
Registered No. 86
(d) Street No. 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 yrs. 75 mos. 6 ds. 19 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 550 Tenia Bowmann
(a) Residence, No. Hamburg, Mo St.
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, 12, 1864
7. AGE: YEARS 75 MONTHS 6 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: House work
10. Date deceased last worked at this occupation (month and year): Jan, 10, 1939
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Co

FATHER
13. NAME: Dont know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Marry Moelering
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Co

17. INFORMANT (ADDRESS): Melvin Bowmann, Hamburg Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Howell Cem DATE: Sept, 3, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Morris Muschany, Hamburg Mo
20. FILED: Sept 2, 1939 E. A. Keithley, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 31, 1939
22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to Aug 30, 1939
I last saw her alive on Aug 15, 1939. Death is said to have occurred on the date stated above, at 8 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1920
Hypertension	1920

Other contributory causes of importance: 93 C
Age

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Nicholas J. Hornch M. D.
(Address) O'Fallon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 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 Morris Muschany

Licensed Embalmer No. 2461

P. O. Address Hamburg ,Mo

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

If this body is not embalmed, above space should be left blank.