DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ISOLATION HOSPITAL

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38089

Registration District No. 791 | Primary Registration District No. | Registrar's No. 9928

1. PLACE OF DEATH: 1008

(a) County ST. LOUIS MO. 1

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

(c) Name of hospital or institution: ISOLATION HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 night (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MISSOURI. (b) County

(c) City or town ST. LOUIS MO. 22 (If outside city or town limits, write "RURAL")

(d) Street No. 1028 Grattan. (If rural, give location)

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

3. (a) PRINT FULL NAME BILLY BOWERS. 670

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 14 (Day) 1937 (Year)

8. AGE: Years 2 | Months 4 | Days 6 | If less than one day hr. min.

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

10. Usual occupation Infant 0

11. Industry or business 0

FATHER 12. Name William ?Bowers

13. Birthplace Salem ? (City, town, or county) Mo. 0 (State or foreign country)

MOTHER 14. Maiden name Edna Burns

15. Birthplace Salem (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature A. LANE

(b) Address 5600ARSENAL ST.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-39 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) NOV 21 1939 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION 1

20. DATE OF DEATH: Month 11-20-39 day year 3 hour 20 minute A M.

21. I hereby certify that I attended the deceased from 11-19-39, 19, to 11-20-39, 19; that I last saw him alive on 11-20-39, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Laryngeal Diphtheria	
Due to: Diphtheria	
Due to:	
Other conditions: Myocarditis (Include pregnancy within 3 months of death)	
Major findings: Diphtheria	
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 Geo. S. Bozalis (M. D. or other)

Address Date signed

(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.

X19511

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. Edward J. McGermott

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.