

S. No. 2
-11-10-39
5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20396**
Registrar's No. **5344**

Registration District No. **791 JIII** Primary Registration District No. **1003**

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

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: Homer G. Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether Life years, months or days)

3. (a) PRINT FULL NAME ALICE BOWEN

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Horace Bowen Sr.

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

7. Birth date of deceased March 15, 1880
(Month) (Day) (Year)

| 8. AGE: | | Years | Months | Days | If less than one day |
|---------|--|-------|--------|------|----------------------|
| | | 60 | 3 | 4 | hr. _____ min. |

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jack Minor

13. Birthplace Chesterfield Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Polly White

15. Birthplace Chesterfield Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Horace Bowen

(b) Address 3118a Delmar Boulevard

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 6/24/1940
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. G. Bates

(b) Address 4107 Finney Avenue

19. (a) JUN 21 1940
(Date received by registrar)

(b) J. H. Bredeck
(Registrar's signature)

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. 3118a Delmar
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19
year 1940 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from 6-13-1940 to 6-19-1940
that I last saw her alive on 6-19-1940
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---------------------|
| <u>Chronic Nephritis</u> | <u>About 2 yrs.</u> |
| Due to <u>Uremia</u> | <u>Two days</u> |
| Due to _____ | _____ |
| Other conditions _____ <small>(Include pregnancy within 3 months of death)</small> | _____ |

Major findings: _____

Of operations _____

Of autopsy _____

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 H. J. Symon (M. D. or other) _____
Address 2601 W. Whitaker Date signed 6-20-1940

STATEMENT BY LICENSED EMBALMER

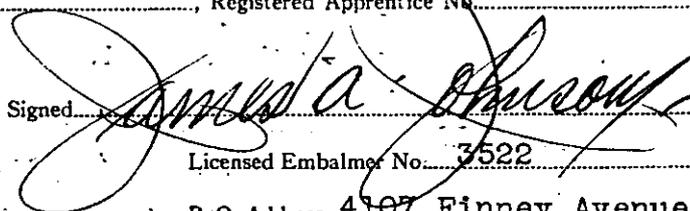
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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.