No. 2
11-10-39
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X21492

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

SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29720

Registration District No. 784 Primary Registration District No. 203 Registrar's No. 1636

1. PLACE OF DEATH:

(a) County: St. Louis County

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

(c) Name of hospital or institution: Veterans Administration Facility 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 8/6/40 (Specify whether years, months or days)

In this community -

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County:

(c) City or town: Ava (If outside city or town limits write "RURAL")

(d) Street No.: - (If rural, give location)

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

3. (a) PRINT FULL NAME: John L. Bowen 501

3. (b) If veteran, name war: World War

3. (c) Social Security No.: - Unavail.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Roda

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

7. Birth date of deceased: April (Month) 14 (Day) 1887 (Year)

8. AGE: Years 53 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation: Laborer

11. Industry or business: - 9

FATHER 12. Name: Jack Bowen

13. Birthplace: Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER 14. Maiden name: Unavailable

15. Birthplace: Unavailable (City, town, or county) (State or foreign country)

16. (a) Informant: M. Schulley

(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial, cremation, or removal: REMOVAL ILLINOIS (b) Date thereof: Aug 28-40 (Month) (Day) (Year)

(c) Place: burial or cremation: AVA, ILLINOIS

18. (a) Signature of funeral director: C. Hoffmeister

(b) Address: 7814 S. Broadway

19. (a) AUG 28 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26th year 1940 hour 10:30 minute p. M.

21. I hereby certify that I attended the deceased from August 6, 1940 to August 26, 1940 that I last saw him alive on August 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary arteriosclerotic heart disease, with myocardial damage.	unkn.
Due to: -	
Due to: - 9381	
Other conditions: Arteriosclerosis, general, severe, with cerebral involvement, right hemiplegia and motor aphasia.	

(Include pregnancy within 3 months of death)

Major findings of operations:

Of autopsy: No 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): no

(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?

(e) While at work? (f) Means of injury:

23. Signature: C. W. HUGHES, M.D., (M. D. or other) Chief Medical Officer. Address: Date signed 8/26/40

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2639

P. O. Address 232 Lemay

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

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