

Registration District No. **791** Primary Registration District No. **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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
In this community 1 Birth (Specify whether years, months or days)

3. (a) PRINT FULL NAME Martin Bowman

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 Widower

6. (b) Name of husband or wife Barbara Bowman nee Neumueller 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased February 4, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 7 hr. min.

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

10. Usual occupation Stove mounter

11. Industry or business

12. Name Jacob Bowman

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

14. Maiden name Elizabeth Erbe

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

16. (a) Informant Mrs G. L. Ratliff

(b) Address Springfield, Ills.

17. (a) Burial (b) Date thereof 10/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 15 1940 (b) J. F. Brudich
(Date received at registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 4240a Warne Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th
year 1940 hour 8:00 AM minute..... M.

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

Immediate cause of death Fracture left femur, Arteriosclerosis; suffered in fall while walking in alley in rear of his home 1301 N. Market Street, June 18, 1940, about 10.45 A.M. ACCIDENT.

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 18, 1940

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? (Specify type of place) (e) Means of injury 5

23. Signature Alfred Perry (M. D. or other) 5

Address Date signed 10/15/40

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

MOTHER FATHER

Handwritten notes: 76 30 VI W

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 *William G. Bush*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

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

If this body is not embalmed, fact should be so stated above.