

1941
Registration District No. 284

Primary Registration District No. 111

Registrar's No. 2270

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
2104 Belle vue Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days 2

3. (a) PRINT FULL NAME Herbert H. Bowerman

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mable Bowerman

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Febr. 7 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>9</u>	<u>24</u>	hr. _____ min.

9. Birthplace _____ Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business Self

12. Name Henry Bowerman

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

14. Maiden name Celecia Kemp

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

16. (a) Informant Mabel Bowerman

(b) Address 2104 Bellevue Ave.

17. (a) Burial (b) Date thereof 12-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freidens Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 3 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 2104 Bellevue Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1940 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from 8/10, 1940, to 12/1, 1940; that I last saw him alive on 10/8, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Myocarditis
Atherosclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
Month _____

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? _____

While at work? _____
(Specify type of place) (or) Means of injury

23. Signature [Signature] (M. D. IMD)
Address 1439 Bellevue Date signed 12/3/40

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

FILED

