

MAR 25 1941
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **At Home**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2004 So. Third St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **15 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000 17 23**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2004 S. 3rd St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Marie Bowden**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **2** **Widow**

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

7. Birth date of deceased **July 11 1890**
(Month) (Day) (Year)

8. AGE: Years **50** Months **7** Days **12** If less than one day hr. _____ min. _____

9. Birthplace **Memphis Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Bowden**
13. Birthplace **Memphis Tenn.**
(City, town, or county) (State or foreign country)

{ 14. Maiden name _____
15. Birthplace **Repley Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jonnie Mae Johnson**

(b) Address **3032 Clark**

17. (a) **Burial** (b) Date thereof **Feb. 27, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **A. W. Burkes**

(b) Address **1619 S. 3rd St.**

19. (a) **FEB 28 1941** (b) **J. T. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **23rd** year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **20th Feb** 1941 to **23rd Feb** 1941

that I last saw him alive on **23rd Feb** 1941 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** Duration **7 days**

Due to **4 points**

Due to _____

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

Major findings: 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? _____

While at work _____ (Specify type of place) (c) Manner of injury _____

28. Signature **J. T. Bredeck** (M. D. or other) _____

Address **2942 Grand** Date signed _____

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

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 Louis A. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.