

Registration District No. 754 Primary Registration District No. 1199 Registrar's No. 2069

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Maplewood  
(c) Name of hospital or institution: 7238 Moller  
(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)

3. (a) PRINT FULL NAME Mary Upshaw Bowles  
(b) If veteran, name war no (c) Social Security No. no

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jefferson Bowles 6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased Aug. 1, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 2 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fenton, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name McCormick Upshaw

13. Birthplace Sappington, Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Rudder

15. Birthplace Sappington, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Jefferson Bowles

(b) Address 7238 Moller

17. (a) Burial (b) Date thereof 10-10-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ht. Lebanon Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) OCT 9 - 1941 (b) C. G. McQuinn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. L.  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7238 Moller  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 8  
year 1941 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Oct 4, 1941;  
that I last saw her alive on Oct 4, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis years

Due to \_\_\_\_\_  
Due to 93d

Other conditions General arteriosclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (e) Means of injury U

23. Signature Vincent F. Townsend (M. D. or other)

Address 3101 1/2 Sutton Maplewood Mo Date signed 10-8-41

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

96  
5

96  
5  
3

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *J. C. Burgess*  
Licensed Embalmer No. *4029*  
P. O. Address *Maplewood*

**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, fact should be so stated above.**