

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County St. Louis
(b) City or town St. Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(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 NAMEHenry Cahill Bowman

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex
- Male

5. Color or

race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased
- January 16 1942

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

____ hr. ____ min.

9. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

Russell Bowman

13. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name

Anna Schroer

15. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant

- (b) Address

5917 Leona Ave

17. (a)
- Burial

(Burial, cremation, or removal)

- (b) Date thereof

January 19 1942

(Month) (Day) (Year)

- (c) Place: burial or cremation

Calvary Cemetery

18. (a) Signature of funeral director

Peetz Brothers

- (b) Address

3029 Lafayette Ave

19. (a)

(Date received local registrar)

- (b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5917 Leona Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day January
year 1942 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from Birth
Jan 16, 1942, to Jan 17, 1942
that I last saw him alive on January 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital
malformation of lungs

Duration

Due to Pre MaturityDue to 159

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 sta-
tistically.

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

23. Signature
- John B. O'Neill
- (M. D. or other)

Address 1222 Mission Street Date signed 1/19/42

W. J. Starnes
3900 R. Starnes
La-0929

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.....

W. J. Starnes

Licensed Embalmer No.....

P. O. Address.....

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.