S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED APR 27 1942 791

State File No. 12438

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 3445

1. PLACE OF DEATH:

(a) County ..... St. Louis

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

(c) Name of hospital or institution: Missouri Baptist Hospital O
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 10 12 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4221 Clay Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country ..... O

3. (a) PRINT FULL NAME John Emil Bowman

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

3. (c) Social Security No. None

4. Sex Male O

5. Color or race W.

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

6. (b) Name of husband or wife Minnie Bowman

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

7. Birth date of deceased July (Month) 21st. (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
78	8	25	hr. ..... min.

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

10. Usual occupation City Fireman (Retired)

11. Industry or business City of St. Louis

MOTHER FATHER

12. Name Jacob Bowman

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

MOTHER

14. Maiden name Elizabeth Erbe

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

16. (a) Informant Wm. Bowman

(b) Address 5-5-47 Murdock

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-42 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) APR 27 1942 (Date received, local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th. year 1942 hour 2.10 minute A. M.

21. I hereby certify that I attended the deceased from April 7, 1942, to April 16, 1942, that I last saw h. 1m alive on April 15, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	3 months
Due to Toxic Myocarditis	
Due to 93	
Other conditions (Include pregnancy within 3 months of death) 12	
Hypertrophy of Prostate Gland	

Major findings:
Of operations L
Of autopsy L

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? (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. E. Glenn (M. D. examiner)

Address 958 Arcade Bldg Date signed April 17/42

944 (Licensed Embalmer's Statement on Reverse Side)

J.E. Glenn
10-2
Arcade Bldg.

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed R. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand B

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.