

FILED JUN 13 1942
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 yrs
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sallie K. Bowen
3. (b) If veteran, name war No 3. (c) Social Security No. No
4. Sex f / 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed 2
6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased August 25 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 1
year 1942 hour 2.10 minute 8 a. m.
21. I hereby certify that I attended the deceased from Aug 8
19 29 to July-7- 19 42
that I last saw h. AR alive on 6-30-1942 19 ;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 10 6 hr. min.

Immediate cause of death Chronic Myocarditis Duration 2yrs
Due to Hypertension 3yrs
Due to 9/2/42
Other conditions 9/2/42
(Include pregnancy within 3 months of death)

9. Birthplace ? , Indiana (City, town, or county) (State or foreign country)
10. Usual occupation none
11. Industry or business
12. Name J. Lee Knight
13. Birthplace ? (City, town, or county) (State or foreign country) 9
14. Maiden name Margaret Leonard (City, town, or county) (State or foreign country)
15. Birthplace ? (City, town, or county) (State or foreign country) 9

Major findings: Of operations 9/2/42
Of autopsy No
PHYSICIAN 9/2/42
Underline the cause to which death should be charged statistically.

16. (a) Informant Iva Hirsch
(b) Address 5351 Delmar
17. (a) removal (b) Date thereof 7/1/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.
18. (a) Signature of funeral director Berger Memorial
(b) Address 47th & McPherson St. Louis, Mo
19. (a) (Date received local registrar) (b) 1942 J. F. Bourde (Registrar's signature)

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 13
23. Signature 9/2/42 (M. D. or other) 9/2/42
Address 508 N. Grand Blvd Date signed _____

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.....

Licensed Embalmer No. *1597*

P. O. Address *4715 McPherson*

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.