

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

193986
State File No.
Registrar's No. 5508

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Mo.
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 29 days
In this community..... Life
years, months or days)

3. (a) PRINT FULL NAME Tena Bowman

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

4. Sex Fem 3 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sandy Bowman 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased March 28, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 26 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name (Unknown) Jordan
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Esther (Unknown)
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Sandy Bowman
(b) Address 605 E. Espenschied St.
17. (a) Burial (b) Date thereof 6/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue
19. (a) JUN 28 1942 (b) J. F. Prodeok
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 6103 Idaho
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24,
year 1942 hour 12 minute 20 P.M.
21. I hereby certify that I attended the deceased from May
25, 1942 to June 24, 1942
that I last saw him alive on June 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Heart Disease Unknown
Duration

Due to.....
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) (e) Means of injury

23. Signature L. E. Smith (M. D. or other)
Address 2604 Whittier Date signed 6-26-42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1173

P. O. Address 3517 Soledad Ave

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.