

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22630

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6598

1. PLACE OF DEATH:

(a) County: ST. LOUIS
(b) City or town: ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 117 N 9th ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Hough Bowman

3. (b) If veteran, name war: S.W.V. 3. (c) Social Security No. 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: ABOUT 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
ABOUT 67 hr. min.

9. Birthplace: SCOTLAND, 4
(City, town, or county) (State or foreign country)

10. Usual occupation: NIL

11. Industry or business: _____
12. Name: UNKNOWN BOWMAN
13. Birthplace: UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name: UNKNOWN 9
15. Birthplace: UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Chas. L. Redmond
(b) Address: 6546 Winona

17. (a) BURIAL (b) Date thereof: AUG 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: NATIONAL CEM. JEFF B.

18. (a) Signature of funeral director: E. J. Schmur
(b) Address: 3125 Lafayette Ave.

19. (a) AUG 5, 1942 (b) J. J. Redneck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: CCC
(c) City or town: ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No.: 117 N 9th ST (If rural, give location)
(e) Physician attending
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG, day 2, year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: _____ Duration

Chronic Nephritis
Chronic Myocarditis
Due to _____

Other conditions (Include pregnancy within 3 months of death): 12/1

Major findings: Pending
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: Thomas F. Callahan
Address: Reynolds Carver Date signed: 8/5/42

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 _____

Jose Blolmer, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette 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.