

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28556

FILED OCT 14 1942

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 8164

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3739a S. Jefferson  
(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 NAME John P. Bowers

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Philopina Bowers 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased September 15, 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>0</u>	<u>16</u>	..... hr. .... min.

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

10. Usual occupation Nil

11. Industry or business.....

MOTHER FATHER { 12. Name John Bowers  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruhayma Bowers

(b) Address 3739a S. Jefferson

17. (a) Burial (b) Date thereof 10/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) OCT 2 1942 (b) (Registrar's signature)

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. 3739a S. Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1  
year 1942 hour 5.20A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Sept. 12 1942 to Sept. 30 1942  
that I last saw him alive on Sept. 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic Myocarditis  
Due to Acidosis

Due to.....

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy None

Duration

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) None

(b) Date of occurrence.....

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? None (Specify type of place) (b) Means of injury.....

23. Signature Edith E. Ambruster (M. D. 0)  
Address 3800 S. Ambruster Date signed 10/4/42

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.....

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

working under my personal supervision.

Signed..... *Flora Eynock*

Licensed Embalmer No. *1284*

P. O. Address *St. Louis, Mo.*

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 280-5-6

Registrar's No. 15164

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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..... (b) County.....  
(c) City or town.....  
(If outside city or town limits, write "RURAL")  
(d) Street No.....  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1  
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....  
that I last saw him/her alive on..... 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

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 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?  
(Specify type of place)  
While at work?..... (e) Means of injury.....

23. Signature..... (M. D. or other).....  
Address..... Date signed.....

3. (a) PRINT FULL NAME John P. Bowen

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased Sept 15 1885  
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 14 min. 14  
(If less than one day)

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

10. Usual occupation.....

11. Industry of business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) OCT 23 1942 (b) J. F. Medcalf  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

SUPPLEMENTARY

[The page contains extremely faint and illegible text, likely a scan of a document with very low contrast or significant fading. The text is arranged in several paragraphs across the page, but no specific words or phrases can be discerned.]