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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 4 1942 818

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 838

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days  
(Specify whether years, months or days)

In this community 7 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
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(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 823a Clarendon Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME Baby Bowman

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased December 20, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

7 hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

12. Name Ralph Bowman Missouri

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

14. Maiden name Katherine Nardi

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

16. (a) Informant Ann Morrison

(b) Address St. Louis City Hospital.

17. (a) City Crematory (b) Date thereof 1-28-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital No. 1

19. (a) 1001 27th St. (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27,  
year 1942 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from December  
20, 1942 to December 27, 1942  
that I last saw him alive on December 27, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Intra cranial hemorrhage

Due to Prematurity

Due to 159.

Other conditions 159.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Sudden bleeding

Of autopsy Sudden bleeding

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).....

(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 1515 Lafayette Avenue  
(Specify type of place) (Means of injury)

23. Signature J. F. Brudick (M. D. or other)

Address 1515 Lafayette Avenue, Date signed 12/27/42

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

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**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.....

P. O. Address.....

**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.**