

FILED APR 19 1943
Registration District No. 518

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(c) County St Louis city
(b) City or town St Louis city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hours
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5162 Cabanne
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Geraldine Bowlby

3. (b) If veteran, name war NONE
3. (c) Social Security No. 491-14-6622

4. Sex Female 5. Color or race White
6. (e) Single, widowed, married, divorced married

6. (b) Name of husband or wife MURRY Bowlby
6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased aug 24 1922
(Month) (Day) (Year)

8. AGE: Years 20 Months 7 Days 7
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name J. H. bank M.D.
13. Birthplace Gayelle Ala.
(City, town, or county) (State or foreign country)
14. Maiden name Evelyn Swiney
15. Birthplace Bunker MO
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. LAMB
(b) Address 5162 CABANNE AVE

17. (a) BURIAL (b) Date thereof APRIL 5, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES CEMETERY

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton ave

19. (a) APR 2 1943 (b) J. F. Brodeck
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1943 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec
1942 to 3/31 1943

that I last saw her alive on 3-31-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration

Due to menstruation, Bronchitis 2 days

Due to Supraventricular Tachycardia 8 yrs

Other conditions Pregnancy 8 mo 8 mo
(Include pregnancy within 3 months of death)

Major findings: none 10/1

Of operations none

Of autopsy none

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 J. F. Brodeck (M. D. or other) MD

Address 1167 D. Maryland Date signed 4/2/43

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

Dr. Wm H. Fildes
460 Maryland Ave
2-41-

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 W W Wilkins

Licensed Embalmer No. 3575

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.