

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 1943 317  
Registration District No. ....

Primary Registration District No. 6076

Registrar's No. 840

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ballwin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Pine Crest N. H. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 MOS.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7238 Moller  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Jefferson D. Bowles

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

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

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

7. Birth date of deceased June 19, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 10 15 ..... hr. .... min.

9. Birthplace Jefferson Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name George Bowles

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

14. Maiden name Ann McDaniel

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

16. (a) Informant Rowland Bowles

(b) Address 7238 Moller

17. (a) Burial (b) Date thereof 4-6-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) APR 10 1943 (b) C. J. McLaure  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4  
year 1943 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from December 5<sup>th</sup> 1942 to April 4 1943  
that I last saw him alive on April 4 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to .....  
Due to .....

Other conditions Chronic Nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....  
Of autopsy 1311

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 R. W. Jansen (M. D. number) .....  
Address Manchester, Mo Date signed 4/14/43

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

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MOTHER FATHER

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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..... *J. C. Burgess* .....

Licensed Embalmer No. *4029* .....

P. O. Address..... *Maplewood* .....

**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.**