. S. No. 2
1—11-10-39
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26495

RECEIVED SEP 3 1943

Registration District No. 1812

Primary Registration District No. 1003

Registrar's No. 7555

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

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: PARK LANE MEMORIAL HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS (Specify whether)

In this community 7& DAYS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair

(c) City or town East St Louis (If outside city or town limits, write "RURAL") R R

(d) Street No. 120 N 96 St (If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME KATIE L. BOWMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James Bowman

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

7. Birth date of deceased Jan 1 (Month) (Day) 1871 (Year)

8. AGE: Years 72 ~~69~~ Months 7 Days 21 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired.

11. Industry or business

MOTHER FATHER

12. Name James Evans

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

14. Maiden name Nat Knavon

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

16. (a) Informant J L Bowman

(b) Address 120 N. 96 St Belleville Ill

17. (a) East St Louis (Burial, cremation, or removal) (b) Date thereof Aug 23-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director T Linder

(b) Address 1023 Bonner East St Louis Ill

19. (a) AUG 23 1943 (Date received local registrar) (b) J F Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22

year 1943 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Aug 15 1943, 8: P M., to Aug 22 10 A M. 1943, that I last saw h alive on Aug 22 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertension	
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 statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Fall 136

(b) Date of occurrence Aug 13th

(c) Where did injury occur? Kirkville (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Private residence (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature ____ (M. D. or other)

Address ____ Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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 Me

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

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address [illegible]

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, above space should be left blank.