

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32437**
8917

OCT 19 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

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:
3711 Cass Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)
In this community **About 48 Years**
years, months or days)

3. (a) PRINT FULL NAME **Lulu, E. Bowman**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married. **2 divorced Widowed**

6. (b) Name of husband or wife **Charles Bowman** 6. (c) Age of husband or wife if alive **10** years

7. Birth date of deceased **12 10 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 27 hr. min.

9. Birthplace **Olney** **ILL**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

12. Name **Louis Terry**
13. Birthplace **Unknown** **ILL**
(City, town, or county) (State or foreign country)
14. Maiden name **Elecka Davis**
15. Birthplace **Unknown** **ILL**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lillian Schaper**
(b) Address **No 8 Lewis Place,**

17. (a) **Burial** (b) Date thereof **10 9-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Goodhart & Goodhart**

(b) Address **2228 St Louis Ave.**

19. (a) **OCT 9 1943** (b) **J. F. Brueck**
(This certificate is valid only if signed by a licensed embalmer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **17**
(c) City or town **ST. Louis, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **3711 Cass, Ave.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **7**
year **1943** hour **9** minute **30 a.** M.

21. I hereby certify that I attended the deceased from **8-1**
19 **43** to **10-7** 19 **43**

that I last saw her alive on **10-7**
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage

Duration

1 hour

Due to **Arterio sclerosis general** ?

Due to **Diabetes Mellitus** ?

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:

Of operations **none**

Of autopsy **none**

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) **no**

(b) Date of occurrence

(c) Where did injury occur?

(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 **John Hammond** (M.D. or other)

Address **634 N. Grand** Date signed **10/8/43**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

842

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.....

Maple A. Cashion

Licensed Embalmer No.....

3949

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.