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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943
Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

39550
State File No. _____
Registrar's No. 11028

1. PLACE OF DEATH:
(a) County _____
(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 33 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 12
(d) Street No. 4381a Cook (If rural, give location) 911
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mildred Bowen
(b) If veteran, name war ---
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 8,
year 1943 hour 11 minute 50 A. M.
21. I hereby certify that I attended the deceased from December
6, 19 43 to December 8, 19 43
that I last saw her alive on December 8, 19 43
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or Race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lawrence Bowen
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased March 29, 1901
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
42 8 9 -- hr. -- min.

PHYSICIAN
Underline the cause to which death should be charged statistically.
Unk.

9. Birthplace Vicksburg Mississippi
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ---

MOTHER FATHER
12. Name John Steed
13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Criss
15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lois Hudson
(b) Address 4381 Cook Avenue
17. (a) Burial (b) Date thereof 12-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue
19. (a) DEC 13 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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 Willis Moore (M. D. or other)
Address 2601 Whittier Date signed 12/9/43

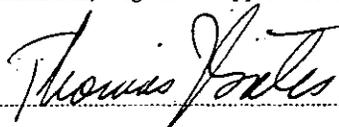
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Thomas J. Gates....., Registered Apprentice No.....

working under my personal supervision.

Signed.....


Licensed Embalmer No.....4259.....

P. O. Address.....4107 Finney Avenue.....

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.