S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4910

FILED FEB 18 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1240

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5802 Wabada 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 006 17 6

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5802 Wabada Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George A. Bowen.

3. (b) If veteran, name war None

3. (c) Social Security No. 489-07-7305

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katie Bowen

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 4. 1878 (Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 2 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Pressman

11. Industry or business Globe-Democrat Newspaper

FATHER
12. Name Alfred Bowen
13. Birthplace New Hampshire /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katie Bowen
(b) Address 5802 Wabada Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director
(b) Address 2117 E. Grand Blvd.

19. (a) FEB 9 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16
year 1944 hour 6. minute 40 P. M.

21. I hereby certify that I attended the deceased from January 4th 1941, to Feb. 6th 1944, that I last saw him alive on Feb. 6th 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 2 days
Due to Carcinoma of colon
Primary site colon
Due to Carcinoma of peritoneum
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma
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)
(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 Carl Altham (M. D. or other)
Address Laclede Bldg. Date signed 2/7/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Carl Althaus
307 Lister Bldg

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.