

FILED MAY 2 1944 18

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 3695

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:  
5661-A Labadie 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:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5661-A Labadie Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Andrew Jackson Bowles

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 489-10-1588

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Manie Bowles 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Mar. 30 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 0 19 hr. min.

9. Birthplace Ky. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business Lincoln Eng. Co.

MOTHER FATHER

12. Name John C. Bowles

13. Birthplace Ky. /  
(City, town, or county) (State or foreign country)

14. Maiden name Salena Roberts

15. Birthplace Ky. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Manie Bowles

(b) Address 5661-A Labadie Ave.

17. (a) Burial (b) Date thereof 4-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) APR 21 1944 J.F. Biedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 19  
year 1944 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 20, 1943, to April 19, 1944.

that I last saw him alive on April 18, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to \_\_\_\_\_

Due to H/O

Other conditions Mitral stenosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 H. F. Bergman (M. D. or other) M.D.

Address 3720 Washington Date signed 4/20/44

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

Dr. H. J. Bergman Je. 6204  
3720 Washington Ave.,

8:30 to 9:30 & 2 to 3

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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:

*Warrin A. Carver*

Licensed Embalmer No.

*3534*

P. O. Address.....

**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.**