No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16185

FILED MAY 20 1944

Registration District No. 818 Primary Registration District No. 1003 State File No. Registrar's No. 4320

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: Masonic Home of Missouri 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 3 mo. (Specify whether
In this community same years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5351 Delmar Blvd.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Henry Bower

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W 0

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. 20, 1859 (Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Lawrence, Kansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Jackson Bower
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Clara D. Rothe
(b) Address 5351 Delmar Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 6 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Missouri

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave

19. (a) MAY 10 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 6 day Sixth year 1944 hour Twelve minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb. 18th, 1943, to May 6th, 1944; that I last saw him alive on May 6th, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of Liver	6 Mos
Due to: Chronic Interstitial Nephritis	1 Yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

124

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John Lawrence (M. D. or other)
Address 308 N. Grand Blvd. Date signed 5-6-44

(Licensed Embalmer's Statement on Reverse Side)

4320

4320

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.