

S. No. 2  
M-8-43  
v. 5-17-39  
-1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39179**  
**10709**  
Registrar's No. \_\_\_\_\_

FILED DEC 27 1944  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis Mo

(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: Barnes Hospital,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Clemmie Bowser

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

4. Sex Fem 5. Color or race Cal 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 4th 11th 1902  
(Month) (Day) (Year)

8. AGE: Years 42 Months 11 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Housework

11. Industry or business Home

12. Name Jessie Bowser

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Frances Reese

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Frances Bowser  
(b) Address 1312 So. 19th St. Lou, Ill.

17. (a) Removal (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director A. McQueen  
(b) Address 3517 Jackson

19. (a) DEC 15 1944 (b) Bradley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St. Clair

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

(d) Street No. 1312 So. 19th St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13  
year 1944 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from November 16, 1944 to December 13, 1944; that I last saw her alive on December 13, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral bronchopneumonia  
both lower lobes *Durgtion*

Due to 8th nerve neuroma, lft., benign

Due to 61

Other conditions Diabetes mellitus; hypertensive heart disease

Major findings: 8th nerve neuroma, left, benign **PHYSICIAN**  
Of operations \_\_\_\_\_  
Of autopsy As above

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 0

23. Signature F. R. Bradley (M. D. JEXXGE)  
Address Barnes Hospital Date signed 12/13/44

**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 *D. M. Green*

Licensed Embalmer No. 1173

P. O. Address 3517 Soebde Ave

**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.