

Registration District No. **317**

Primary Registration District No. **3066**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Kirkwood**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
400 East Adams St.
(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 **St. Louis 96**

(c) City or town **Kirkwood 9**
(If outside city or town limits, write "RURAL")

(d) Street No. **400 East Adams St.**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME **CATHERINE BOWMAN PRINDLE**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female 1**

5. Color or race **White 2**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Deceased**

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

7. Birth date of deceased **Oct. 1, 1852**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	8	16	hr. _____ min. _____

9. Birthplace **Carrolton Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **Jacob Bowman**

13. Birthplace **Ohio. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Letitia Fry**

15. Birthplace **Ky. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Grace Waters.**

(b) Address **400 E. Adams St. Kirkwood, Mo.**

17. (a) **Removal** (b) Date thereof **June 18, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **White Hall Ill.**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester Ave. Maplewood**

19. (a) **JUN 19 1945** (b) **E.G. McCarson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **17**
year **1945** hour **3:15 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Jan 29** to **June 17th 1945**
that I last saw her alive on **June 17th 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death, **Terminal Pulmonary Edema 2 day**
Pneumonia R Lobe

Due to **Senility**

Due to **108**

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

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

23. Signature **E. B. Waters** (M. D. or other) _____
Address **Kirkwood, Mo.** Date signed **6/18/45**

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.