S. No. 2
0M—2-43
v. 5-17-39
I X38697

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

FILED JAN 11 1946

State File No. 38940

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11435

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: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2/17

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

(d) Street No. 802 N Jefferson
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clark Bowman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased March (Month) 14 (Day) 1880 (Year)

8. AGE: Years 65 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Beverly Clark
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marion Baker
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Hardiman

(b) Address 2601 N Whittier

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 12-5-45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington U

18. (a) Signature of funeral director W. Bolton

(b) Address 3600 Keats

19. (a) DEC 28 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1945 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from 11-9, 1945, to 11-30, 1945 that I last saw him alive on Nov. 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Actinomycosis	Unk
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy No

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 W. B. Bowman (M. D. or other)

Address 2601 N Whittier Date signed 12/5

(Licensed Embalmer's Statement on Reverse Side)

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 with the above constitutes grounds for revocation of license.)

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