

No. 2
M-5-43
5-17-39
I X3677

FILED FEB 20 1946
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, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Charles Bowlby

3. (b) If veteran, name war No

3. (c) Social Security No. UNK.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife EMMA BOWLBY

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

7. Birth date of deceased OCT. 16 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	<u>12</u>	If less than one day
<u>84</u>	<u>3</u>	<u>25</u>	
			hr. min.

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

10. Usual occupation RETIRED. Oculist

MOTHER FATHER

11. Industry or business

12. Name JAMES BOWLBY

13. Birthplace CANADA?
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace CANADA?
(City, town, or county) (State or foreign country)

16. (a) Informant STANLEY BOWLBY

(b) Address 5875 ENRIGHT AVE.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-12-46
(Month) (Day) (Year)

(c) Place: burial or cremation BELLFLOWER, Mo

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

(b) Address 4700 Washington Blvd

19. (a) FEB 11 1946 (Date received for registration) (b) J. F. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5875 ENRIGHT
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th
year 1946 hour 9:30 P. minute M.

21. I hereby certify that I attended the deceased from 2/7/46
to 2/9/46, 1946
that I last saw h. in alive on 2/9/46, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions 92
(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? 0
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0

23. Signature R. F. Stubbelfell (M. D. or other) 0
Address 1420 Grafton Street Date signed 2/11/46

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.