

S. No. 2
OM-5-43
v. 5-17-39
F X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. **109227**
2670
Registrar's No. _____

FILED MAR 31 1946
Registration District No. _____

Primary Registration District No. **1003**

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

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:
5464a Rosa Ave.
(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 **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5464a Rosa Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **May M. Bower**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **David E. Bower** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Nov. 11 1864**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	4	8	hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Peter Craigmiles**

13. Birthplace **Pleasant Hill, Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **(unknown) Emmert**

15. Birthplace **Pleasant Hill, Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hal V. Bower**

(b) Address **5464a Rosa Avenue**

17. (a) **removal** (b) Date thereof **Mar. 20, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington**

19. (a) **MAR 20 1946** (Date received local registrar)
J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19**
year **1946** hour **4** minute **35** P. M.

21. I hereby certify that I attended the deceased from **JAN 1946** to **MAR 19 1946**
that I last saw her alive on **MAR 17 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis, 1 hr**

Due to **Chronic Arteriosclerotic changes, 3 yrs.**

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 **J. F. Bredeek** (M. D. or other) _____

Address **506 Olive** Date signed **3/27/46**

Duration **3 Mo.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Elmo R. Padwell

Licensed Embalmer No. 4077

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.