

DEPARTMENT OF COMMERCE
 Bureau of Census

STATE BOARD OF HEALTH OF MISSOURI

FILED JUN 3 1946 STANDARD CERTIFICATE OF DEATH

18016

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town Sappington Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community
 years, months or days

3. (a) PRINT FULL NAME Harry Emil Bowman

3. (b) If veteran, name war
 3. (c) Social Security No. 702-18-3801

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edith D. 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased Oct. 13 1888
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 12 hr. min.

9. Birthplace St Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Rail Road Clerk

11. Industry or business Mo. Pac. R.R.

12. Name John E Bowman
 13. Birthplace St Louis Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Minnie Martin
 15. Birthplace Venice Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant Edith D. Bowman
 (b) Address R.R. 6 Box 897 Sappington Mo.

17. (a) Burial (b) Date thereof Oct 13 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedman's Cem.

18. (a) Signature of funeral director Prosser Hugel

(b) Address 3710 N. Grand Blvd.

19. (a) 5-28-46 (b) E. E. McSaran
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis
 (c) City or town Sappington Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. 6 Box 897
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day May
 year 1946 hour 5.25 minute P.

21. I hereby certify that I attended the deceased from
 19 to 19
 that I last saw him alive on 5/24 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 930

Due to Gastro-Enteritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy
 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) Means of injury

23. Signature Albert H. Ziskel (M.D. or other)
 Address Date signed

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

JUN 22 1947

JUL 10 1946

JUN 20 1946

APR 26 1947

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..... *W E Morris*

Licensed Embalmer No. *3360*

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.