

FILED JUL 22 1946
Registration District No. 318

Primary Registration District No. 1003

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:
2705 Lucas 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 65 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Katie Bowman

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

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

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

7. Birth date of deceased Mar. 2 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 29 hr. _____ min.

9. Birthplace Paducah, Ky. /
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

12. Name ? Tilman 7

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

14. Maiden name Unkn.

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

16. (a) Informant Albert Bowman

(b) Address 715 N. Leffingwell, St.

17. (a) Burial (b) Date of death 7-6-46
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Cemetery

18. (a) Signature of funeral director Dement and Son

(b) Address 2629-31 Cole St.

19. (a) JUL 5 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 220
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 2705 Lucas Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July day 1st
year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

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 W. G. Perry (M.D. or other) _____

Address Clayton Date signed 7/3/46

(Licensed Embalmer's Statement on Reverse Side)

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

23930

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. C. Claude Gordon

Licensed Embalmer No.....

3487

P. O. Address.....

City

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.