

No. 2
1-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38408
30770

State File No. _____
Registrar's No. **9887**

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:
615 Espenschied
(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 **615 Espenschied**
(If outside city or town limits, write "RURAL")
(d) Street No. **St. Louis**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Eugenia Bowman**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **11** day **15**
year **1946** hour **6:30** minute _____ P. M.
21. I hereby certify that I attended the deceased from **11/11/46**
to **11/15/46** and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Sandy Bowman** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **December 6, 1882**
(Month) (Day) (Year)

Immediate cause of death **Myocardial infarction**
Heart of blood Duration **12 mo**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
63 **11** **9** _____ hr. _____ min.
9. Birthplace **?** **Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation **Nil**
11. Industry or business _____
12. Name **Thomas Ridley**
13. Birthplace **?** **Missouri**
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name **Amanda (?)**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
16. (a) Informant **Sandy Bowman**
(b) Address **615 Espenschied**
17. (a) **Burial** (b) Date thereof **11/21/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Oakdale Cemetery**
18. (a) Signature of funeral director **Russell Und., Co.**
(b) Address **2732 Pine Street**
19. (a) **NOV 20 1946** **J. F. Bredest**
(Date received local registrar) (Registrar's signature)

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) (b) Means of injury _____
23. Signature **J. F. Bredest** (M. D. or other) _____
Address **809 1/2 S. 1st St.** Date signed **11/19/46**

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

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 Charles Young
Licensed Embalmer No. 3371
P. O. Address St. Louis

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.