

FILED SEP 18 1947  
318

Registration District No. ....

Primary Registration District No. .... 1003

Registrar's No. ....

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town units, write "RURAL" and name of township)  
(c) Name of hospital or institution Jewish Hosp. N  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one week (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Massachusetts (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town units, write "RURAL")  
(d) Street No. 4461 Olive St 9  
19 (If rural, give location) 8  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Edmond B. Bowling  
3. (b) If veteran, name war No  
3. (c) Social Security No. 497-01-8147

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 5  
year 1947 hour ten minute 25 A.M.  
21. I hereby certify that I attended the deceased from aug 28, 1947, to Sept 5, 1947  
that I last saw him alive on Sept 5, 1947,  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Dorothy Bowling 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased July 8, 1902  
(Month) (Day) (Year)

Immediate cause of death Rheumatic heart disease - aortic stenosis years  
Due to .....  
Due to .....  
Other conditions (Include pregnancy within 3 months of death) 9/2  
PHYSICIAN  
Underline the cause of which death should be charged statistically.

8. AGE: Years Months Days If less than one day  
46 1 21 hr. min.

9. Birthplace Farmington, Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation Coal Business

Major findings: Of operations .....  
Of autopsy aortic stenosis pulmonary infarct  
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? (Specify type of place) .....  
While at work? (e) Means of injury 0

MOTHER FATHER

11. Industry or business Coal  
12. Name John Bowling  
13. Birthplace Farmington, Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Perma  
15. Birthplace Farmington, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant William Schultz  
(b) Address 532 N. Taylor Ave.  
17. (a) Cremation (b) Date thereof 9-8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Chas. A. Bull  
(b) Address 4452 Washington Blvd.  
19. (a) SEP 7 1947 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

23. Signature W. F. Franklin (M. D. 0)  
Address 634 N. Grand Date signed 9/6/47

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

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**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..... *Rex Campbell*.....

Licensed Embalmer No. *3881*.....

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.