

S. No. 2
M-1/47
v. 5-17-39

FILED JAN 9 1948

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County: ~~Missouri~~ St Louis
(b) City or town: St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 mo; 3 days
(Specify whether
In this community: 50 yrs
years, months or days)

3. (a) PRINT FULL NAME William Bowman

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

4. Sex: Male 5. Color or race: Negro 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Anna Bowman 6. (c) Age of husband or wife if alive: abt. 70 years
7. Birth date of deceased: May 26, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 7 5 hr. min.

9. Birthplace: Lebdon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Nil

11. Industry or business:

12. Name: Jack Bowman

13. Birthplace: Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown Missouri

15. Birthplace: Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Berdie M. Stanley

(b) Address: 4012 E. 1st St. Bldg. 100

17. (a) Burial (b) Date thereof: 1-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park Cem.

18. (a) Signature of funeral director: Ed J. Sneed

(b) Address: 3615-17 E. 1st St.

19. (a) JAN 3 1948 (b) Registrar's signature: J. T. Braddock

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: One
(c) City or town: St Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 2520 Belleglade
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 31
year: 1947 hour: 2 minute: A.M.

21. I hereby certify that I attended the deceased from November 28, 1947 to December 31, 1947
that I last saw him alive on December 31, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis
Arteriosclerotic Heart Disease

Due to:

Due to:

Other conditions: 93
(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?

(Specify type of place)

While at work? (e) Means of injury: 1

23. Signature: O. L. Sneed (M. D. or R. N.)

Address: 2601 N Whittier St Date signed: 1-2-48

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.....

J. E. Cooper, Registered Apprentice No. 505
working under my personal supervision.

Signed.....

James Hyatt

Licensed Embalmer No. 4941

P. O. Address. 28 29 Washington

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.