

FILED JUL 3 1948 **318**
Registration District No.

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:
5156 St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **5156 St. Louis Ave.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **Arthur Philip Bowser**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex..... **Male** 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Audrey Bowser**
6. (c) Age of husband or wife if alive..... **35** years
7. Birth date of deceased..... **March 9th 1910**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 3 10 hr. min.

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

10. Usual occupation..... **Auto Mechanic**

11. Industry or business..... **Self**

12. Name..... **Bruce B. Bowser**

13. Birthplace..... **Carmin, Pa.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Anna Holtman**

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

16. (a) Informant..... **Audrey Bowser**
(b) Address..... **5156 St. Louis Ave.**

17. (a) **Burial** (b) Date thereof..... **6-30-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mt. Lebanon**

18. (a) Signature of funeral director..... **Drehmann-Harral**

(b) Address..... **1905 Union Blvd.**

19. (a) **JUN 29 1948** (b) **J. F. Predest**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **5156 St. Louis Ave.** **9**
6 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **June** day..... **27**
year..... **1948** hour..... **3:00** minute..... **9** M.

21. I hereby certify that I attended the deceased from.....
June 5, 19**47**, to **June 27,** 19**48**.
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary thrombosis. 1 Day**
Duration

Due to.....
Due to.....
Other conditions..... **Myocardial Insufficiency 1 yr.**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause of 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?..... (Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature..... **Richard G. Gammel M.D.**
Address..... **5146 St. Louis Ave** Date signed..... **6-27-48**

None

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..... *Albert R. Thompson Jr*
Licensed Embalmer No..... *4237*
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.