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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21659**
Registrar's No. **1474**

Registration District No. **377** Primary Registration District No. **6076**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Jefferson Barracks, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days** (Specify whether years, months or days)
In this community **3 Days**

3. (a) PRINT FULL NAME **BOWMAN, Smith**
3. (b) If veteran, name war **WW-1** **3. (c) Social Security No.** **Unknown**
4. Sex **Male** **5. Color or race** **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Malinda** **6. (c) Age of husband or wife if alive** **59** years
7. Birth date of deceased **December 25 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 15 hr. min.

9. Birthplace **Canton, Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**

11. Industry or business

MOTHER FATHER
12. Name **Unavailable**
13. Birthplace **"**
(City, town, or county) (State or foreign country)
14. Maiden name **Unavailable**
15. Birthplace **"**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, VA Hospital**

(b) Address **Jefferson Barracks, Missouri**

17. (a) Burial **(b) Date thereof** **6-14-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nat'l. Cemetery, Jeff. Bks, Mo.**

18. (a) Signature of funeral director **C.T. Nash Fu. Home**

(b) Address **111 N. 13th St. East St. Louis, Ill.**

19. (a) 6-12-48 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **Saint Clair**
(c) City or town **East St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **47 Brooklyn Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10**
year **1948** hour **6:40** minute **P.** M.

21. I hereby certify that I attended the deceased from
June 7, 1948, to June 10, 1948;
that I last saw him alive on **June 10, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **SYPHILITIC HEART DISEASE, AORTIC INSUFFICIENCY AND CARDIAC DECOMPENSATION**
Duration

Due to **Contributory cause: -**
mesenteric Thrombosis
Pulmonary Infarction

Other conditions (Include pregnancy within 3 months of death) **302**

Major findings:
Of operations
Of autopsy **No Autopsy performed**
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**

(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 **[Signature]** (M. D. or D. O.)

Address **Jefferson Barracks, Mo.** **Date signed** **6/11/48**

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.....

C. J. Nash

Licensed Embalmer No. *2432*

P. O. Address: *3847 Pegg Blvd*

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.