

STANDARD CERTIFICATE OF DEATH

249791701

National Office of Vital Statistics

FILED JUL 31 1948

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Jennings
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Ellis Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 mo. 12 days.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME William A. Bowman.3. (b) If veteran, name war None3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Amanda Bowman. 6. (c) Age of husband or wife if alive Dec'd. years
 7. Birth date of deceased December 12, 1858.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 7 8 hr. min.

9. Birthplace Carter County, Missouri.
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name William Bowman.13. Birthplace Tennessee.
(City, town, or county) (State or foreign country)14. Maiden name Margaret Tinsley.15. Birthplace Kentucky.
(City, town, or county) (State or foreign country)16. (a) Informant Mr. William C. Bowman.(b) Address 5318 Englewood. Ave.17. (a) Burial (b) Date thereof 7-25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ellsinore, Missouri.18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.(b) Address 5966-68 Easton Avenue.19. (a) 7-21-48 (b) Geo. L. Pleitsch
(Date received local registrar) (Registrar's signature)20. DATE OF DEATH: Month July day 20th.
year 1948 hour 2.20 P.M. minute M.21. I hereby certify that I attended the deceased from 2-20-48 to 7-20-48
that I last saw him alive on 7-20-48
and that death occurred on the date and hour stated above.Immediate cause of death Cranial pneumoniaDue to Chronic myocarditisDue to arteriosclerosisOther conditions ✓ 1312
(Include pregnancy within 3 months of death)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Normandy
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5318 Englewood Avenue.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th.
year 1948 hour 2.20 P.M. minute M.21. I hereby certify that I attended the deceased from 2-20-48 to 7-20-48
that I last saw him alive on 7-20-48
and that death occurred on the date and hour stated above.Immediate cause of death Cranial pneumoniaDue to Chronic myocarditisDue to arteriosclerosisOther conditions ✓ 1312
(Include pregnancy within 3 months of death)Major findings: noneOf operations noneOf autopsy not

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 Port Johnson (M. D. or other)Address Port Johnson Date signed 7/20/48

MOTHER, FATHER

MOTHER, FATHER

Dr. Micheal Johnson.
40 So Florissant Road.
Hours 1 to 2 P.M.
Atwater 430

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

Clement McNeary

Licensed Embalmer No. *3732*

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.