

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003State File No. **27541**
Registrar's No. **7243**

FILED AUG 28 1948

Registration District No. **318**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo
 (b) City or town St. Louis, Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 da
2 years (Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME

Carl Ray Bowman3. (b) If veteran, name war No3. (c) Social Security No. unknown4. Sex M5. Color or race W6. (a) Single, widowed, married, divorced Single6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 26 1931
(Month) (Day) (Year)8. AGE: Years 16 Months 11 Days 20
If less than one day hr. _____ min. _____9. Birthplace Nimmons Ark
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter Helper11. Industry or business Ship yards12. Name Marvin Bowman13. Birthplace Holcomb Ark
(City, town, or county) (State or foreign country)14. Maiden name Lemmma Dearing15. Birthplace Kennett Mo
(City, town, or county) (State or foreign country)16. (a) Informant Marvin Bowman(b) Address 1422 Rutger Lane17. (a) Burial (b) Date thereof 8/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Hope Cem18. (a) Signature of funeral Rowland Mortuary Service(b) Address 4101 Manchester Ave19. (a) AUG 18 1948 (b) J. B. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1422 Rutger Lane
 (If rural, give location)
 (e) Citizen of foreign country? 22 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1948 hour 1:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Subdural and sub-arachnoid hemorrhage of brain, when the brakes on the bicycle he was riding, failed to hold, causing him to go through a stop sign and run into the side of an automobile driven by one Charles Harrison Sumner, at the intersection of 7th & Park Avenue, around 12:35 PM, Aug. 15, 1948.
 Other conditions UNAVOIDABLE ACCIDENT
 (Include pregnancy within 9 months of death)

Major findings:
Of operations 170

Of autopsy _____

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) Accident
 (b) Date of occurrence Aug. 15, 1948
 (c) Where did injury occur? St. Louis, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? No (Specify type of place)
 (e) Means of injury See above
 Signature Dr. Taylor (M.D. or other)
 Address 1500 Clark Date signed 8-18-48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. Allen Davis Jr.

Licensed Embalmer No..... *453*

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.