

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 8 1948

318

1003

State File No.

37894

Registrar's No.

10262

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County... St. Louis,
(b) City or town...
(c) Name of hospital or institution: Deaconess Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution...
In this community...
years, months or days

3. (a) PRINT FULL NAME LINUS W. BOWMAN.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single.

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

7. Birth date of deceased April 10, 1882.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66. 7. 13. hr. min.

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

10. Usual occupation Railroad Welder.

11. Industry or business.

12. Name William Leroy Bowman.

13. Birthplace Brookhaven, Mississippi.
(City, town, or county) (State or foreign country)

14. Maiden name Candacy Ritchie.

15. Birthplace Brookhaven, Mississippi.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. F.M. Bowman.

(b) Address 14 Sorrel Ave. Hot Springs, Arkansas

17. (a) Removal.. (b) Date thereof 11/27/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hot Springs, Arkansas.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,
J. B. Losater

19. (a) NOV 26 1948 (b) (Registrar's signature)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis,
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. #21 North Broadway..
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1948 hour 8:55 minute 1:55 P. M.

21. I hereby certify that I attended the deceased from...
that I last saw him alive on...
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Bilateral Hemiorrhaphy
at Deaconess Hospital on
Due to Nov 23, 1948 at about
1:55 P.M.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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)..
(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 Means of injury
23. Signature Patrick E. Taylor, M.D. or other
Address 1300 Clark Date signed 11-24-48

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1953

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.....

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address.....

St. Louis, Mo.

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.