

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24624

State File No.

6807

BIRTH NO. 100241		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6807			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 11th St.					
c. LENGTH OF STAY (In this place) 6 hours				d. STREET ADDRESS (If rural, give location) 3970 N. 11th St.					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.									
3. NAME OF DECEASED (Type or Print)		a. (First) LAWRENCE		b. (Middle) S.		c. (Last) BOWMAN			
4. DATE OF DEATH		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single			
August 4th, 1949									
8. DATE OF BIRTH September 20, 1947		9. AGE (In years last birthday) 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry L. Bowman		13b. MOTHER'S MAIDEN NAME Doreen Tohill		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Henry L. Bowman		ADDRESS 3940 N. 11th St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Meningococcal infection DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☒ NO ☐					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? 3403			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from 8/4/49, 19, to 8/4/49, 19, that I last saw the deceased alive on 8/4/49, 19, and that death occurred at 10:05A m., from the causes and on the date stated above.					
23a. SIGNATURE Joseph J. Muenkel, Jr. M.D.		23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 8/4/49					
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 8-8-49		24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.			
DATE REC'D BY REG. AUG 5 - 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		ADDRESS 2161 E. Fair Ave.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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_____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Homer W. Fritz

Licensed Embalmer No. *38820*

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.