

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13814**  
**3084**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2312 Walnut</b>				d. STREET ADDRESS (If rural, give location) <b>2312 Walnut</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>Helen</b>		c. (Last) <b>Bowman</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 28 1951</b>	
5. SEX <b>F</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Oct. 18, 1946</b>	
9. AGE (In years last birthday) <b>4</b>		10. IF UNDER 1 YEAR Months <b>5</b> Days <b>10</b>		11. IF UNDER 24 HRS. Hours <b>10</b> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>			
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Herman Bowman</b>				13b. MOTHER'S MAIDEN NAME <b>Mattie Washington</b>			
14. NAME OF HUSBAND OR WIFE <b>---</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George Washington</b> ADDRESS <b>3972 Finney</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Carbon monoxide poisoning, suffered when overcome with smoke from fire in basement home of building at 2313 Walnut St. about 2:41 p.m. March 28, 1951. Fire of undetermined origin. Estimated damage not noted. Mr. Freivogel of City Counselors Office has received information and will see that proper authorities will be notified of condition relative prior to fire. ACCIDENT</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>NOV to fire. ACCIDENT</b>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>At home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis, Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>3 28 51 2:41 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? (see above) <b>E 9 16</b>			
22. I hereby certify that I attended the deceased from <b>19</b> , to <b>19</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>2:41 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>G. Patrick E. Taylor, Coroner</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>4-2-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-4-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay Missouri</b>	
DATE REC'D BY LOCAL REG. <b>APR 2 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Larkin</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Koonee</b>		ADDRESS <b>1221 N. Grand</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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

*C. C. Brown*

Licensed Embalmer No. *4755*

P. O. Address *12217 Grand*

**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.