

FILED APR 27 1951 STANDARD CERTIFICATE OF DEATH

State File No. 13815

3081

BIRTH NO. 30106-50		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>2229</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>2312 Walnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2312 Walnut</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u>		b. (Middle)		c. (Last) <u>Bowman</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>28</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 3, 1950</u>	
9. AGE (In years last birthday) <u>10</u>		10. MONTHS <u>10</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>					
13a. FATHER'S NAME <u>Herman Bowman</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Washington</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George Washington</u> ADDRESS <u>3972 Enney</u>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>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 Counselor's Office has received information and will see that proper authorities will be notified of condition relative prior to fire.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about</u>	
		2. ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		3. DUE TO (b) <u>Mr. Freivogel of City Counselor's Office</u>					
		4. DUE TO (c) <u>has received information and will see that proper authorities will be notified of</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>ACCIDENT</u>				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 28 51 8:41</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>(see above)</u>		<u>E. 916</u>	
22. I hereby certify that I attended the deceased from <u>10</u> , to <u>10</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>2:41 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Patricia E. Taylor, Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>4-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Le May, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>APR 2</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Kooner</u>		ADDRESS <u>1221 No. Grand</u>	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____

Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1221 N. 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.