

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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FILED VS NOV 30 1959

59-041580

210611

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4956 Neosho St.		d. STREET ADDRESS (If outside, give location) 4956 Neosho St.	

3. NAME OF DECEASED (Type or print) First Middle Last WALTER BOWERS			4. DATE OF DEATH Month Day Year Nov. 16 1959		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-31-1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road Transportation Clerk (Retired)	10b. KIND OF BUSINESS OR INDUSTRY Arkansas	11. BIRTHPLACE (City and state or country) Arkansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Joseph Bowers	13b. MOTHER'S MAIDEN NAME Elizabeth Norris	14. NAME OF HUSBAND OR WIFE Catherine Bowers
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 4200	17. INFORMANT Address Catherine Bowers 4956 Neosho St.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Arterio-sclerotic heart disease DUE TO (c) Arterio-sclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 1 yr.
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Jerseyville, Ill.	COUNTY	STATE
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21. I attended the deceased from Jan. 1959 to Nov. 16, 1959 and last saw ^{her} him alive on Nov. 16, 1959. Death occurred at 9:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. R. Sheridan, M.D.	(Degree or title)	22b. ADDRESS 1516 Hampton Village Plaza	22c. DATE SIGNED 11-17-59.
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	23b. DATE Nov. 19, 1959	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) Jerseyville, Ill.	(State)
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24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway	ADDRESS	25. DATE RECD. BY LOCAL REG. NOV 17 1959	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.
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ENDED

DOCUMENT

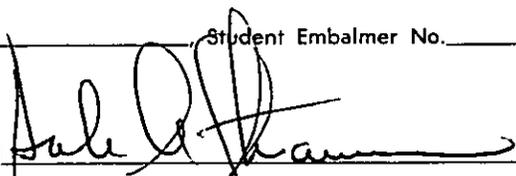
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 4533

P. O. Address _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.