

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

XC-1159 155

-60-033364

STATE FILE NUMBER

FILED VS SEP 12 1960

917

Primary Registration District No. 500

Registrar's No. 2547

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS		Length of stay in 1b 976 DAYS		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2656 SHENANDOAH		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ANDREW Middle J. Last BOWLIN				4. DATE OF DEATH Month 8 Day 25 Year 60				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-31-1888	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK		10b. KIND OF BUSINESS OR INDUSTRY CLOTHING MANUFACTURER		11. BIRTHPLACE (City and state or country) DRESDEN, TENNESSEE		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME JIM BOWLIN			13b. MOTHER'S MAIDEN NAME DORA MC WHORTER		14. NAME OF HUSBAND OR WIFE DECEASED -AUGUSTA BOWLIN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 489 03 7462		17. INFORMANT Address BROTHER L.C. BOWLIN, 406 N 6th, MAYFIELD, KY.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA						INTERVAL BETWEEN ONSET AND DEATH 4 to 5 DAYS		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL INFARCTION, OLD					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			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour, Month, Day, Year a.m. p.m.								
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		COUNTY STATE		
21. attended the deceased from VA 12-23-57 to 8-25-60 and last seen on 8-25-60 Death occurred at 6:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE W. Oppler, Dir. Prof. Services (Degree or title)				22b. ADDRESS M.D VA HOSP. JEFF. BRKS. MO.		22c. DATE SIGNED 8-25-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/29/60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo			
24. FUNERAL DIRECTOR Edward Fendler		ADDRESS 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. 8-28-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

SEP 12 1960

REV
FEB 7 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed George W. Deval

Licensed Embalmer No. 479

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.