SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED ✓

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 1191

-61-015826 STATE FILE NUMBER

FILED MAY 8 1961

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jennings
Length of stay in 1b: 1 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 9001 Clarion Drive
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Jennings
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9001 Clarion Drive
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: J Last: Bowman

4. DATE OF DEATH: Month: April Day: 25 Year: 1961

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9-1-1890

9. AGE (last birthday): 70
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): (retired) Northside Dist. Manager

10b. KIND OF BUSINESS OR INDUSTRY: Weissenborn Coal Co

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Emil Bowman

13b. MOTHER'S MAIDEN NAME: Minnie Martin

14. NAME OF HUSBAND OR WIFE: May B. Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: May B. Bowman, 9001 Clarion Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: two months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary thrombosis
DUE TO (c):

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/18/61, to 4/21/61 and last saw him ☒ alive on 4/21/61
Death occurred at 2:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arthur D.O.

22b. ADDRESS: 10011 Bellefontaine Rd (37)

22c. DATE SIGNED: 4/26/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 29, 1961

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair Av

25. DATE RECD. BY LOCAL REG.: 4-27-61

26. REGISTRAR'S SIGNATURE: John E. Mahaffey M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____
Signature of Student Embalmer

Signed Clement McInerny

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.