

318

1003

4968

-61-022334

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JUL 13 1961

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *ST Louis*Length of stay in 1b
35 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Mo*

b. COUNTY

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION *D.O.A. CITY HOSPITAL*Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
*2325th GRAVIES*Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF DEATH

Month

Day

Year

*JAMES**L**BOWMAN**MAY**24**1961*

5. SEX

M

6. COLOR OR RACE

*W*7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/3/1899

9. AGE (last birthday)

62 yrs.

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Miami Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

UNK

13b. MOTHER'S MAIDEN NAME

UNK

14. NAME OF HUSBAND OR WIFE

DAISY BOWMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

*YES**W.W. #*

16. SOCIAL SECURITY NO.

488-05-7578

17. INFORMANT

DAISY BOWMAN 2325th GRAVIES

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Suffocation due to Carbon Dioxide poisoning, suffered while working in Man hole in vicinity of Grand Avenue Viaduct.

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, 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 ☐ Unknown19. 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.)

See above

20c. TIME OF INJURY

Hour
a.m.
p.m.*5-24-61*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.)

Man hole on

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo.

COUNTY

STATE

21. I attended the deceased from _____ to _____

and last saw her alive on _____

Death occurred at _____

12th P.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

*Richard E. Tauler coroner**1300 Clark**5-26-61*

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/29/1961

23c. NAME OF CEMETERY OR CREMATORY

JEFFERSON BARRACKS

23d. LOCATION (City, town, or county)

ST LOUIS, CO. MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Rowland Aker 4104 Manchester

25. DATE REC'D. BY LOCAL REG.

MAY 26 1961

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

140
MAR 25 1964

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 VE Morris

Licensed Embalmer No. 3360

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.