

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39676

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital 791 /
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 2601 N. Whittier St.
life (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 10663

2. PRINT FULL NAME Infant Constance Dalores Bowen
 (a) Residence, No. 3926 West Belle St. 17
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -----
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21, 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
2 25
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. -----
 9. Industry or business in which work was done, as saw mill, bank, etc. -----
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
 FATHER
 13. NAME Allen Bowen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 MOTHER
 15. MAIDEN NAME Mattie Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N Whittier
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE WASHINGTON PARK DATE 11/18 1937

19. FUNERAL DIRECTOR R. M. C. GREEN
 (ADDRESS) 2517 LAKEDE AVE.
J. Predeck
 20. NOV 18 1937 1937 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16 1937
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1937, to Nov. 16, 1937.
 I last saw h. or alive on Nov. 16, 1937. Death is said to have occurred on the date stated above, at 2:30 m. p.m.
 The principal cause of death and related causes of importance were as follows:

PrematurityDate of onset
9/7/37

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....
 (Signed) H. C. Inouell, M. D.
 (Address) Phillips Hosp.

STATEMENT BY LICENSED EMBALMER

I, Not Embalmed, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)