

1939

1939 MAR 9

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7825

Do not use this space.

1. PLACE OF DEATH *St. Louis*

(a) County *St. Louis* Registration District No. *784*

(b) Township *Arch* Primary Registration District No. *St. Marys Hospital* Registered No. *366*

(c) City *Arch* (d) Street No. *St. Marys Hospital* St.

(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.

2. PRINT FULL NAME *Eleanor Bowen*

(a) Residence, No. *316 Laurel* St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *Wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Sherman Bowen*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 14, 1908*

7. AGE YEARS MONTHS DAYS *30 11 13* LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*

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*

13. NAME *Thomas P. Kirk*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Eleanor Dotau*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Missouri*

17. INFORMANT (ADDRESS) *Sherman Bowen 316 Laurel*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Mar 2 1939*

19. FUNERAL DIRECTOR (ADDRESS) *Chas. L. Stuart 1225 Union Blvd.*

20. FILED *NR Meyer & Sons* Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 27 1939*

22. I HEREBY CERTIFY that I attended deceased from *Feb 24 1939* to *Feb 27 1939*

I last saw her alive on *Feb 27 1939* Death is said to have occurred on the date stated above, at *1107* am.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Type III
Rt Middle & Lower Lobes

Date of onset

Other contributory causes of importance:

None

Name of operation *None* Date of

What test confirmed diagnosis *None* Was there an autopsy?

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? *Home* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *None*

Nature of injury

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

If so, specify

(Signed) *Peace J. Kelly*, M. D.

(Address) *6125 B. Atlantic Ave*

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STATEMENT BY LICENSED EMBALMER

I,, 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 *Albert J. Hoffa*
Licensed Embalmer No. *5971*

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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7825-
Do not use this space.

1. PLACE OF DEATH *St Louis*

(a) County *St Louis* Registration District No. *784*
 (b) Township *Rich Hts* Primary Registration District No. *111*
 (c) City *Rich Hts* (d) Street No. _____ St.
 (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.

2. PRINT FULL NAME *Eleanor Bowen*

(a) Residence, No. _____ St. (if nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *m*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>30</i>	<i>11</i>	<i>13</i>	

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) _____

FATHER

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED *2-1*, 19 *20* _____ Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2 - 27*, 19*39*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
of the 4th
left + middle + lower lobes
relax -

Other contributory causes of importance: *none*

Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 *Pierce Reilly*, M. D.
 (Signed) *St Louis* (Address) *info*

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY CARE

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. NEW STEEL PENS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

