

APR 12 1939

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

9167  
Do not use this space.

791  
1003

Registered No. 2932

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. Homer Phillips Hospital St. 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 12 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 550 Isaac Bowman

(a) Residence, No. 3029 Lawton St. 21 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 7 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer  
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) Arkansas

FATHER 13. NAME Wesley Bowman

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

MOTHER 15. MAIDEN NAME Josephine Kelly

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

17. INFORMANT (ADDRESS) Evelyn Hilliard  
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE At Theimer Ark. DATE 3-28-39, 19..

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. L. Garner  
2829 WASHINGTON AVE.

20. FILED 19.. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 19.. 39

22. I HEREBY CERTIFY, That I attended deceased from March 17, 19.. 39, to March 25, 19.. 39

I last saw him alive on March 25, 19.. 39 Death is said to have occurred on the date stated above, at 11:45 m. p m  
The principal cause of death and related causes of importance were as follows:

Urinary extravasation with peritonitis  
Date of onset 3/17/39  
36 a

Other contributory causes of importance:  
Peri-urethral abscess; scrotal abscess  
Comperitis; cystitis (b. coli) Catarrhal  
caused by urethral structure  
non infect

Name of operation ..... Date of .....  
What test confirmed diagnosis? clinical Was there an autopsy? yes

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. B. Dunning, M. D.  
(Address) 2601 N Whittier

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

MAR 28 1939

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Arthur R. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson

**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 this body is not embalmed, above space should be left blank.**