WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X18605

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

REGD APR 12 1939

9248
Do not use this space.

Registration District No. 791 1003

Primary Registration District No.

Registered No. 3013

1. PLACE OF DEATH

(a) County

(b) Township

(c) City or Town: St. Louis

(d) Street No.: City Hospital #1 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: 5 yrs. 560 mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Zora Bowmer

(a) Residence, No. 1420 A North Grand St. 21
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of James Bo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6, 1876

7. AGE: Years 62 | Months 9 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.: At Home

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: John Capehart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oklahoma

MOTHER

15. MAIDEN NAME: Fannie Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT: Olive Wilson
(ADDRESS) 1420 A North Grand

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cemetery DATE MAR 31 1939

19. FUNERAL DIRECTOR (NAME) McLaughlin Funeral Home
(ADDRESS) 2301 Lafayette

20. FILED MAR 31 1939 J. E. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1939

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 3:10 AM

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

Date of onset

Compression Fracture 7
of the Thoracic Vertebrae
Broncho Pneumonia, suffered
when deceased fell and struck
by rescuing device at Victor

Other contributory causes of importance:
Bldg 4074 Pt. Sh. at about 10 3 A.M.
Feb 20 1939 Knocking down
to the ground floor of Bldg
of Bldg

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? Accident Date of injury 2/20/39, 19..
Where did injury occur? Fr Lobby
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph M. Jensen, M. D.

(Address) Deputy Coroner

(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.....

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

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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