

REC'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH

13165  
Do not use this space.

3507

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No.....  
(c) City St. Louis (d) Street No. 4562 Durant Avenue 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

550 Nile O. Bowman,  
(a) Residence, No. 4562 Durant Avenue St. 7 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Bowman (Leusbrock)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67 1 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Night Watchman  
9. Industry or business in which work was done, as saw mill, bank, etc. Broderick & Bascom Bone Works  
10. Date deceased last worked at this occupation (month and year) 11/1/38 Time spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Joshway Bowmwn

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

MOTHER 15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) Mrs. Agnes Bowman  
4562 Durant Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Apr. 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son  
2161 East Fair Avenue

20. FILED APR 16 1939 J. F. Rudick  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1938, to Apr 14 1939  
I last saw him alive on Apr 13 1939 Death is said to have occurred on the date stated above, at 4:50 PM m.  
The principal cause of death and related causes of importance were as follows:

Malignant mixed tumor cervical gland. Rhin. Date of onset Nov 1938

Other contributory causes of importance: General Carcinomatosis.

Name of operation Biopsy Date of Feb 1939  
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO 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? No  
If so, specify B. Henderson, M. D.  
(Signed) B. Henderson  
(Address) 7176 A Phares Ave.

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.

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**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.....

*Leonard Hampton*

Licensed Embalmer No. *2967*

P. O. Address *2161 E. Fair Dr.*

**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.**