

1939 JUN 14 1939

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

19609  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 757  
 (b) Township St. Charles Primary Registration District No. 3036 Registered No. 75  
 (c) City St. Charles, Mo. (d) Street No. St. Charles 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

**WALTON R. BOWLES.**

(a) Residence, No. 450 Lindenwood Avenue 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

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 Irene Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 8 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician  
 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) Pike County, Mo.

FATHER 13. NAME Silas Bowles

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

MOTHER 15. MAIDEN NAME Anna Mudd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County

17. INFORMANT (ADDRESS) Mrs. Irene Bowles  
450 Lindenwood

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cemetery DATE May 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. C. Ballmeyer & Sons  
St. Charles, Mo.

20. FILED 7/24 1939 Clarence H. Marshall  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21-1939

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest 5-22-39, 1939

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2:45 PM.  
 The principal cause of death and related causes of importance were as follows:

**Electrocution.**

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accidental Date of injury 5-21-39

Where did injury occur? St. Charles, Mo.  
 (Specify city or town, county, and State)

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

Manner of injury Contact of live switch and metal cabinet.  
 Nature of injury Electric

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

If so, specify Electrical Contractor.  
 (Signed) John H. Buse  
 (Address) Corner St. Charles Co. Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**