

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.

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

27481
Do not use this space.

PLACE OF DEATH
1 SEP 14 1939

(a) County 1 Registration District No. 791
(b) Township Primary Registration District No. 1008
(c) City ST. LOUIS MO (d) Street No. 5600 ARSENAL ST Registered No. 6981
(e) Length of residence in city or town where death occurred 25 yrs. 3 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ESRUTH BOWMAN
(a) Residence, No. 6318a ISABELLA WELLS (If nonresident, give city or town and State) WA

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 JOHN E BOWMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 30 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>25</u>	<u>3</u>	<u>10</u>	

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.
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 MO.

FATHER 13. NAME JACOB J. KLINGER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO

MOTHER 15. MAIDEN NAME BILES
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Stella Grady 5600 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Val Halle Cemetery DATE Aug 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Maxwell 504 Wood St

20. AUG 11 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 9 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/2 1939 to 8/9 1939
I last saw her alive on 8/9 1939 Death is said to have occurred on the date stated above, at 8:05 P m.
The principal cause of death and related causes of importance were as follows:
Typhoid fever

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify (Signed) Maxwell, M. D.
(Address) 5600 Arsenal St. St. Louis

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 *Gustave R. Beumann*

Licensed Embalmer No. *2315*

P. O. Address *Overland, Mo*

St. Louis #84

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.