

EB 5-1940

Doc. No. 494-10-3912
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8244
 Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784

(b) Township ? Primary Registration District No. 200 Registered No. 244

(c) City Jefferson Barracks (d) Street No. Unkn. (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred 6 yrs. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John L. BOWERS

(a) Residence, No. 5979 Plymouth Avenue, Saint Louis, Mo. Missouri. (If nonresident, give city or town and State)

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 Mrs. Essie Bowers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1895

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

44 3 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Credit Man

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) Columbus, Ohio

FATHER

13. NAME James Bowers

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

MOTHER

15. MAIDEN NAME Cornelia Ruppith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT Clifford Decker, A. F., Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE 2/6, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drethmann - Haral, 1405 N. Glenn

20. FILED FEB 5-1940 W. M. Meyer, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1940 to February 3, 1940

I last saw him alive on February 3, 1940. Death is said to have occurred on the date stated above, at 10:20 PM

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

Appendicitis, acute, with septicemia (streptococic) Date of onset 12 days

Other contributory causes of importance:

Arteriosclerosis, generalized. Unkn.

Asthma, bronchial. Unkn.

Name of operation Appendectomy Date of 1-29-40

Phys. Clinical manif. and lab. Was there an autopsy? No.

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) C. W. HUGHES, Chief Med. Off., M. D.

(Address) V.A.F., Jefferson Barracks, Mo.

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.

(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 R. M. Sanford
Licensed Embalmer No. 2273
P. O. Address St Louis Mo

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.