No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9349

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2759

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital # 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 0 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5814 Page Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. Attending Physician years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1941 hour 3 20 minute 9 M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Massive Gastro Intestinal

Due to Hemorrhage Blood Dyscrasia

Due to Splenectomy (old)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

123 0 2

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature Thomas F Callana (M. D. or other)
Address Deputy Coroner Date signed 3/27/41

3. (a) PRINT FULL NAME Alton F. Bowles

3. (b) If veteran, name war No.

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucille

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased Sept. (Month) 14 (Day) 1915 (Year)

8. AGE: Years	Months	Days	If less than one day
25	6	12	hr. min.

9. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business

FATHER
12. Name Alton R. Bowles
13. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Evelyn Wade
15. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Lucille Bowles
(b) Address 5814 Page Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director Dallmeyer & Son.
(b) Address St. Charles, Mo.

19. (a) MAR 27 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

(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 J. Wm. Bradley

Licensed Embalmer No. 3657

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.