

FILED MAY 14 1941

STANDARD CERTIFICATE OF DEATH

12515

State File No. 2945

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 177
(d) Street No. 4207 Russell Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Sarah T. Bowles

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Joseph W. Bowles 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 27th 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Collinsville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Priscilla Blackstone

15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J.G. Bowles

(b) Address 4207 Russell Blvd.

17. (a) Burial (b) Date thereof 4-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR - 3 1941 (b) J. Bredbeck
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1941 hour 3:22 minute 7 M.

21. I hereby certify that I attended the deceased from 1937
to 1941
that I last saw her alive on 4/2/41
and that death occurred on the date and hour stated above.

Immediate cause of death Cremency Senility
Due to caused by cardio renal vascular disease
Due to

Other conditions 13 1A
(Include pregnancy within 3 months of death)

Major findings: 13 1A
Of operations

Of autopsy None

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?

23. Signature Walter H. Hofer (M. D. or other) (HOEFER)
Address 2602 South Grand Date signed 3/4/41

Duration 1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Reinhold K. Lehmann

Licensed Embalmer No. 3395

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, fact should be so stated above.