

13-40
17-39
X23159

791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **5222**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 56 days
(Specify whether years, months or days)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1711
(d) Street No. 3663 Cook
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Arthur James Bowers

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

4. Sex MALE 5. Color or race COL
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6 1882
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 4 If less than one day hr. _____ min. _____

9. Birthplace St Louis MO.
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A.

11. Industry or business _____

12. Name Grandville Bowers

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

14. Maiden name unknown

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

16. (a) Informant Kala Pearson

(b) Address 3715 Page Ave

17. (a) _____ (b) Date thereof 6 27 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director H. E. Walton

(b) Address 2707 Stoddard St

19. (a) JUN 25 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1941 hour 12:10 minute _____ A.M.

21. I hereby certify that I attended the deceased from April 29 1941 to June 24 1941,
that I last saw him alive on June 24 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus Duration 1 yr.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. E. Fowler (M. D. or other) _____

Address 2601 N. Whittier Date signed 6/24/41

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

MOTHER FATHER

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.....

William C. McDowell

Registered Apprentice No.....

working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No.....

2114

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.