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K23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10384**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: St. Louis Hotel Room #903
(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

3. (a) PRINT FULL NAME Joseph Bowers

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color of white

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased abt 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation ret

11. Industry or business unknown

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant James H. Harrison

(b) Address 1300 Maple Ave

17. (a) Autonomous Burial (b) Date thereof 12-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. R. R.

(b) Address 5500 Ruyd

19. (a) DEC 30 1941 (b) J. F. Budek
(Date received and for what purpose) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 000

(c) City or town St. Louis 2519
(If outside city or town limits, write "RURAL")

(d) Street No. 112 1/2 No 6th St. 9
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1941 hour 2 minute 15 P.

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: Coronary Thrombosis
Coronary Sclerosis
Chronic Intestinal Neoplasm

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1/21

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other) _____
Address St. Louis, Mo Date signed 12/5/41

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

10384

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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