

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

Registration District No. **791**

Primary Registration District No. **1003**

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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 day
In this community 13 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2640 Randolph
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

William Bowles

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

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased December 27, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 9 hr. min.

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

10. Usual occupation nil

11. Industry or business.....

MOTHER FATHER { 12. Name Wiley Bowles
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Parfien Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier

17. (a) Anatomical Body (b) Date thereof 12-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. [Signature]
(b) Address.....

19. (a) DEC 30 1941 (b) J. F. Budzak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6, 1941
year..... hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from December 5, 1941
to December 6, 1941
that I last saw him in alive on December 6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardiac Decompensation Duration week

Due to.....
Hypertensive Heart Disease 2 years

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 K. F. Fletcher (M. D. or other) D
Address 2601 Whittier Date signed 12-8-41

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 with the above constitutes grounds for revocation of license.)

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