

S. No. 2
-1-4-41
5-17-39
P1 X26390
000

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

93

FILED FEB 24 1942

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 93

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital D
 (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 _____
 (c) City or town Saint Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3029a Laclede Avenue D
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary Bowens

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Marcellus Bowens 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Feb 2 1889
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>11</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Peter Scruggs

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

14. Maiden name Lettie Ellis

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

16. (a) Informant Marcellus Bowens
 (b) Address 3029a Laclede Avenue

17. (a) Burial (b) Date thereof 1-8 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director F. A. Green
 (b) Address 2915 Franklin Avenue

19. (a) JAN 5 1942 (b) J. T. Bredbeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
 year 1942 hour 7:25 minute A. 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 _____
Empyema of Gall Bladder;
Toxic Cholelithiasis (jaundice);
Stones in common bile duct; Broncho Pneumonia;
Toxic Hepatitis;

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

Major findings: 16
 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 Thomas F. Callahan (Date of other) _____
 Address Deputy Coroner Date signed 1/5/42

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

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.