No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16187

FILED JUN 9 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4942

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1514 Locust St.
(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: 000 17 925

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1514 Locust St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Orion A. Bowles

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Clara Forth Bowles

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased ~~March~~ Nov 5 ~~1872~~ 1874
(Month) (Day) (Year)

8. AGE: Years 69 ~~72~~ Months 6 ~~2~~ Days 2 ~~23~~ If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

12. Name James A. Bowles

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

14. Maiden name Isabelle Swartz

15. Birthplace New Market Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Wallis C. Bowles
(b) Address 6143 Pershing Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation Paris, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 29 1944 (Date received local registrar) J. F. Bressel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1944 hour 12:50 minute P. 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.

	Duration
Immediate cause of death Tubercular Pneumonia	
Coronary Sclerosis	
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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other)
Address Date signed 5/29/44

(Licensed Embalmer's Statement on Reverse Side)

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 John Ogonoski

Licensed Embalmer No. 3398

P. O. Address.....

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

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

State of MISSOURI
~~County~~ City of ST LOUIS } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 4942

On this 9th day of JUNE, 1944, before me appears VIRGINIA BOWLES, who, upon HER oath, states that the original record of ~~birth~~ death for ~~CHRISTNER~~ ORION A. BOWLES, ~~born~~ died MAY 28, 1944, in the State of Missouri, and which was filed at ST LOUIS MO on MAY 29, 1944, should be corrected as follows:

Item No. 7 should read NOV 5 1874
Instead of MARCH 5 1872

Item No. 8 should read 69 YRS 6 MONTHS 23 DAYS
Instead of 72 YRS 2 " 22 "

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Virginia Bowles SISTER IN LAW
Relationship.

315 NO 10th ST ST LOUIS MO
Present Address.

Subscribed and sworn to before me this 9th day of June, 1944.

My Commission expires My Commission Expires November 30, 1945 Alice L Elbe Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
I—4-43
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