

y. S. No. 2
FORM-5-43
Rev. 5-17-39
I X38671

FILED MAY 26 1945
BUREAU OF THE CENSUS
MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14956**
4383
Registrar's No. _____

Registration District No. _____ Primary Registration District No. **1003**

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

20
17
9

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5875 Enright Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Douglas **444**

(c) City or town Omaha **2NR**
(If outside city or town limits, write "RURAL")

(d) Street No. 2551 Laurel Ave. **0**
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Emma J. Bowlby

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles W. Bowlby 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased February 15 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>3</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Charles Ranous

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

14. Maiden name UNKHOW

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

16. (a) Informant Stanley A. Bowlby

(b) Address 5875 Enright Ave.

17. (a) Burial Removal (b) Date thereof 5-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellflower, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 17 1945 J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1945 hour 4 minute 30 P.

21. I hereby certify that I attended the deceased from the 1944 to 5/16, 1945
that I last saw her alive on 5/16, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Renal disease

Due to Similar

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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? No

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

23. Signature James P. Pally (M.D. or other) MD
Address 6725 1/2 Bathman Date signed 5/17/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Albert G. Huppke

Licensed Embalmer No.

2971

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.