

S. No. 2
 OM-8-43
 v. 5-17-39
 I X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED AUG 29 1946
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
 1008

State File No. 28467
 Registrar's No. 6824

Registration District No. _____ Primary Registration District No. _____

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 _____
2310-A Cole St., 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 16 yrs
 years, months or days

3. (a) PRINT FULL NAME Lizzie Bowen
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-22-7592

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Aug. 10 1895
 (Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 26 If less than one day hr. _____ min. _____

9. Birthplace St. Louis (City, town, or county) (State or foreign country)
 10. Usual occupation house maid

11. Industry or business _____
 12. Name Beverly Green
 13. Birthplace Louisville Kentucky (City, town, or county) (State or foreign country)
 14. Maiden name Laura Taylor
 15. Birthplace St. Louis (City, town, or county) (State or foreign country)

16. (a) Informant Laura Mitchell
 (b) Address 2310-A Cole St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 10 46 (Month) (Day) (Year)
 (c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director J. R. Luper
 (b) Address 22 Kessler
 19. (a) AUG 8 1946 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: oo
 (a) State MO (b) County _____
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 2310-A Cole (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 6 year 1946 hour 7 minute 2 P. M.

21. I hereby certify that I attended the deceased from July 20 1946 to Aug 7 1946
 that I first saw her alive on Aug 6 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B. Duration 3 mo

Due to By accident 3 mo

Other conditions (Include pregnancy within 3 months of death) 13

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 0
 23. Signature Amuel Stafford (M. D. or other) Address 925 N. Jefferson Date signed 8/6/46

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

MOTHER FATHER

27000

FILED

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 J. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Jones

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.