No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28866

FILED SEP 8 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8350

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: 4527 A Newberry Terrace ~~none~~
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether

In this community 4 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Oak

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4527 A Newberry Ter. 9
(If rural, give location)

(e) Citizen of foreign country no (Yes or No) 12

If yes, name country no

3. (a) PRINT FULL NAME TITUS N. BOWERS

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M 2

5. Color or race col

6. (a) Single, widowed, married, divorced wid. 2

6. (b) Name of husband or wife unk.

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

7. Birth date of deceased July 6 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation Grocerman

11. Industry or business self

MOTHER FATHER

12. Name Charlie Bowers

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

14. Maiden name Sallie Brown

15. Birthplace Hardiman County, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant E. M. Bowers

(b) Address 3912 Finney Ave

17. (a) Burial (b) Date thereof 9-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director C. T. Nash

(b) Address 3847 Page Boul.

19. (a) SEP 2 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29, 1947
year hour Abt. 7 minute A. M.

21. I hereby certify that I attended the deceased from 7-10-47
, 19, to 8-29, 1947
that I last saw him alive on 8-29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heat exhaustion

Due to

Due to

Other conditions Hypertensive heart
(Include pregnancy within 3 months of death)
disease.

Major findings:
Of operations

Of autopsy

Duration

93d

PHYSICIAN

Underline the cause of 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 0

23. Signature Oral S. McClellan (M. D. or other)

Address 4200a Easton Ave. Date signed 9-1-47

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

Jefferson City Printing Co.

(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 Claudia M. Nash Registered Apprentice No. 424 working under my personal supervision.

Signed O. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.