S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39460

Registration District No. FILED DEC 15 1947 318 Primary Registration District No. 1003 Registrar's No. 11215

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: Mo. Pacific Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (Specify whether
In this community 3½ years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17
(c) City or town St Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 3315 Indiana Ave (If rural, give location) 24
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMANUEL. A. BOWERS

3. (b) If veteran, name war NO
3. (c) Social Security No 332-16-2606

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased Dec (Month) 17 (Day) 1921 (Year)

8. AGE: Years 25 Months 11 Days 21 If less than one day hr. min.

9. Birthplace Cardwell (City, town, or county) MO (State or foreign country)
10. Usual occupation Inspector
11. Industry or business Emmerson Electric Co
FATHER
12. Name B. E. BOWERS Jr
13. Birthplace Oliver (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Emma Nation
15. Birthplace Henderson Co (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Clara Bowers
(b) Address 3315 Indiana Ave
17. (a) (Burial, cremation, or removal) (b) Date thereof Dec (Month) 8 (Day) 1947 (Year)
(c) Place: burial or cremation Dupo Ill
18. (a) Signature of funeral director Harold A. Dashner
(b) Address Dupo Illinois
19. (a) DEC 8 1947 (Date received local registrar) J. F. Brenner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1 hour 20 minute A.M.
21. I hereby certify that I attended the deceased from 1943, 19 , to Dec 8, 1947 that I last saw him alive on Dec 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial endocarditis
Due to Valvular heart disease
Due to
Other conditions (Include pregnancy within 3 months of death) 121
Major findings: Of operations appendectomy Subacute appendicitis
Of autopsy

Duration

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
23. Signature [signature] (M. D. or other)
Address 1703 St Louis Date signed 12-8-47

(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 Body not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Harold A Daslmer

Licensed Embalmer No. .....

P. O. Address Dugs, Ill.

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.