S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2302

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 961

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:
3244 Henrietta Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3244 Henrietta Street 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CORA FRANCES BOWMAN

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Charles G.

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased December 2, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	1	27	hr. min.

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

10. Usual occupation House-wife

11. Industry or business At Home

FATHER
12. Name John M. Brown
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Clara Able
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Charles Bowman
(b) Address 3244 Henrietta Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) JAN 30 1948 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th
year 1948 hour 4:00 minute a M.

21. I hereby certify that I attended the deceased from Jan 14, 1948, to Jan 29, 1948
that I last saw her alive on Jan 27, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis
Ch. Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 [illegible] (M. D. or other) M.D.
Address 1446 S. Grand Date signed 1-29-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. B. DePew
1446 So Grand Bl.

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 C W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette

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.