

FILED OCT 9 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

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:  
**Homer G Phillips Hospital** (1)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **19 days**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Keith Bowen**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** (2) 5. Color or race **Col.**

6. (a) Single, widowed, married, divorced **Married** /

6. (b) Name of husband or wife **Bessie Horrice Bowen**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **September 11 1893**  
(Month) (Day) (Year)

8. AGE: Years **55** Months **0** Days **16** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Okolona Miss.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **American Car & Foundry Co.**

12. Name **unknown**

13. Birthplace **unknown unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Bidsie** ?

15. Birthplace **Okolona Miss.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Bessie Horrice Bowen**

(b) Address **2819a Dickson St.**

17. (a) **Removal** (b) Date thereof **10-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Okolona Miss.**

18. (a) Signature of funeral director **Ellis Funeral Home**

(b) Address **2820 Stoddard St.**

19. (a) **SEP 30 1948** (b) **J. F. Bennett**  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 17**

(c) City or town **St. Louis** (9)  
(If outside city or town limits, write "RURAL")

(d) Street No. **2819 a Dickson** (D)  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **27**  
year **1948** hour **2** minute **37 p. m.**

21. I hereby certify that I attended the deceased from **Sept. 8**, 19 **48**, to **Sept. 27**, 19 **48**, that I last saw him alive on **Sept. 27**, 19 **48**, and that death occurred on the date and hour stated above.

Immediate cause of death **LUNGS - Tuberculosis** Duration **Undet.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Spleen - Congestion**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **Yes**

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)

(b) Means of injury \_\_\_\_\_

23. Signature **Ascar L. Daniels** (M. D. or other) \_\_\_\_\_

Address **2601 N Whittier** Date signed **9/28/48**

OCT 14 1941

**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 Fulton E Culkie

Licensed Embalmer No. 4198

P. O. Address St Louis 15 mo.

**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.