

UNION OF AMERICANS  
STANDARD CERTIFICATE OF DEATH

State File No. **41222**

Registration District No. **396**

Primary Registration District No. **4461**

Registrar's No. **389**

1. PLACE OF DEATH:

(a) County **St. Francois**  
(b) City or town **Bismarck, MO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1471 South Vandeventer**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME **Margaret Frances Bowen**

3. (b) If veteran, name war **no** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **fem** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **divorced**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 29 1892**  
(Month) (Day) (Year)

8. AGE: Years **56** Months **7** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Waitress**

11. Industry or business **Restaurant**

12. Name **John Webb**

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

14. Maiden name **Sarah Moore**  
(City, town, or county) (State or foreign country)

15. Birthplace **Graniteville Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Orene Treichel**

(b) Address **4344 Papin, St. Louis Mo.**

17. (a) **burial** (b) Date thereof **12-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elvins Mo.**

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

(b) Address **Paul White Tronton Missouri**

19. (a) **12-8-48** (b) **Ether Rudloff**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **4** year **1948** hour **6** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Nov. 20 1948** to **Dec - 4 - 1948**  
that I last saw her alive on **Dec 4** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**  
Due to **Diabetes**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **61**  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_ Means of injury \_\_\_\_\_  
23. Signature **R. H. Gale** (M. D. or other) \_\_\_\_\_  
Address **Bismarck Mo** Date **12/7/48**

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

MOTHER FATHER

RECEIVED

District Officer No. 4

1248-1522

12-14-48

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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 Aracel White

Licensed Embalmer No. 3022

P. O. Address San Antonio, Tex

**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.**