

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10728

State File No. \_\_\_\_\_

XC UNKNOWN  
REG# 117208

FILED APR 7 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 784

1. PLACE OF DEATH  
a. COUNTY ST. LOUIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give OR TOWN JEFFERSON BARRACKS, MO. c. LENGTH OF STAY (in this place) 15 DAYS

c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSPITAL e. STREET ADDRESS (If rural, give location) 1021 NORTH 18th STREET 2219

3. NAME OF DECEASED (Type or Print) a. (First) JOHNNIE b. (Middle) (NMI) c. (Last) BOWMAN

4. DATE OF DEATH (Month) (Day) (Year) 3-25-54

5. SEX MALE

6. COLOR (OR RACE) NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH 1-18-94

9. AGE (in years last birthday) 60 If UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ If UNDER 24 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER

10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN

11. BIRTHPLACE (City and State or Foreign Country) / HELENA, ARKANSAS

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN BOWMAN

13b. MOTHER'S MAIDEN NAME HENRIETTA STARKS

14. NAME OF HUSBAND OR WIFE NEVER MARRIED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I

16. SOCIAL SECURITY NO. 494241918

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.

18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) PULMONARY TUBERCULOSIS, FAR ADVANCED  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES  
DUE TO (b) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO  002X

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 3-10-54, 1954, to 3-25-54, ~~the occasion of the death~~ and that death occurred at 9:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE Alfred K. Baur, M.D. (Degree or title) \_\_\_\_\_

23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.

23c. DATE SIGNED 3-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/30/54

24c. NAME OF CEMETERY OR CREMATORY National Cemetery

24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG. 3/30/54 REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Wade Granberry 4202 Finney Ave

(Licensed Embalmer's Statement on Reverse Side)

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

**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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Melvin E. Green*.....

Licensed Embalmer No. *441*

P. O. Address *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.