. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38937

State File No. 10894

FILED DEC 28 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No.

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: 2717 CAROLINE ST. (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 2717 CAROLINE ST. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY BOWCOCK

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FLOYD J. BOWCOCK

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

7. Birth date of deceased DECEMBER 28 1872 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 15 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

MOTHER FATHER

12. Name RUNKEL

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

14. Maiden name ALICE

15. Birthplace ENGLAND (City, town, or county) (State or foreign country)

16. (a) Informant Mr Floyd J. Bowcock

(b) Address 2717 Carolide St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-17-45 (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director E. J. Schmur.

(b) Address 3125 Lafayette Av

19. (a) DEC 14 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 year 1945 hour 5 minute 30 p.m.

21. I hereby certify that I attended the deceased from Oct 28, 1945 to Dec 13, 1945 that I last saw her alive on Dec. 12, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Bronchitis	3 yrs
Due to Pulmonary Emphysema	
Due to Myocarditis, Chr	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 L. C. Herchenroeder (M. D.)

Address 5000 S. Broadway Date signed 12/14/45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address Athens 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.