. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28865

FILED SEP 8 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8364

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3752 Evans Avenue
(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 000

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

(d) Street No. 3752 Evans Ave 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John B. Bowers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) - 17 (Day) - 1882. (Year)

8. AGE: Years 65 | Months 4 | Days 15 | If less than one day hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business

FATHER
12. Name John Bowers
13. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Maggie Bradford
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Margaret Zumbic
(b) Address 3752 Evans Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons
(b) Address 7233 Delmar Blvd

19. (a) SEP 3 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2nd year 1947 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1, 1947, to Sept 2, 1947 that I last saw him alive on Sept 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Liver. | Duration 2 mo.

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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 0

23. Signature Bernard H. Wolfe (M. D. or other)

Address 2302 Salisbury St Date signed 9-2-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2300 Salisbury
CE 9564
4-6 P.M.

8364

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood 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.