S. 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

FILED DEC 15 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39448

Registrar's No. 11183

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNARD FREE SKIN + CANCER HOSP.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 DAYS ()
(Specify whether years, months or days)

In this community YES

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ~~ST. LOUIS~~ 000 17

(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")

(d) Street No. 7136 IDAHO 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John P. Bockover

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE ()

5. Color or race W

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

6. (b) Name of husband or wife MARYETTA BOCKOVER

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased MARCH (Month) 28 ~~29~~ (Day) 186 ~~1888~~ (Year)

8. AGE: Years 85 ~~85~~ Months ~~X~~ 8 Days ~~X~~ 7 If less than one day ..... hr. ..... min.

9. Birthplace FRANKLIN COUNTY (City, town, or county) IND. (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name THOMAS BOCKOVER
13. Birthplace (City, town, or county) (State or foreign country) G

MOTHER
14. Maiden name RACHELLE CLAYTON
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant DECEASED — (JOHN P. BOCKOVER)

(b) Address 7136 Idaho

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation BONNER SPRINGS KAN.

18. (a) Signature of funeral director Jas. P. Findler Jr.

(b) Address 7128 Michigan

19. (a) DEC 6 - 1947 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5 year 1947 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct. 8, 1947, 19..., to Dec 5, 1947 that I last saw him alive on Dec. 5, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	8 days
Multiple Pulmonary Infarcts	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Carcinoma of Rectum	Unknown
Benign Prostatic Hypertrophy	

Major findings:
Of operations: Carcinoma of Rectum
Of autopsy (1) Bronchopneumonia (2) Pulmonary infarcts (3) Ca. of rectum

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)

(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 H L Tomlinson (M. D. or other) M.D.

Address 3427 Washington St Louis, Mo. Date signed 12-5-47

Jefferson City Printing Co.

(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.~~ X X X,

working under my personal supervision.

Signed Ronald O Yahnke

Licensed Embalmer No. 3917

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 this body is not embalmed, fact should be so stated above.