No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

83714

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10003

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3220

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(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 Massachussetts County Plymouth

(c) City or town Brockton
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

999
902

3. (a) PRINT FULL NAME Margaret M. Bowker

3. (b) If veteran, name war No

3. (c) Social Security No. 338-20-8267

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Frederick Bowker

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

7. Birth date of deceased About (Month) 1905 (Day) (Year)

8. AGE: Years 43? Months Days If less than one day hr. min.

9. Birthplace Lincoln Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Factory Worker

11. Industry or business

FATHER
12. Name James G. Weeks
13. Birthplace Lincoln Co. (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Fannie Trail
15. Birthplace Lincoln Co. (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Guy Weeks
(b) Address 4014 Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Troy, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 2 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3/17/48, 19..., to March 31st, 19 48 that I last saw her alive on March 31st, 19 48 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	(a) yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature Joe W. Warden (M.D. or other)

Address 1515 Lafayette Date signed 4/1/48

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.....,

working under my personal supervision.

Signed Ernest W. Spillar

Licensed Embalmer No. 4080

P. O. Address.....

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.