MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13104

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1003 Registered No. 3662

City St Louis (No. Children's Hospital St. ..... Ward)

2. FULL NAME Hazel Bock

(a) Residence. No. 163 Vanderbracht St. Alton Ill 12 Ward
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 19, 1928

7. AGE: Years 1 | Months — | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: 133A 107A
(b) General nature of industry, business, or establishment in which employed (or employer): ✓ 89A
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alton 2
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Harry Bock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Alton 2
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Helen Schmoeller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alton 2
(STATE OR COUNTRY) Ill

14. INFORMANT M. B. Jacobi
(Address) 500 S. Kingshighway

15. FILED 25 1929 Max C. Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1929 to Mar 24, 1929, that I last saw her alive on Mar 24, 1929, and that death occurred, on the date stated above, at 1:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pyelonephritis (with abscess in left kidney)
(duration) 0 yrs. 2 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Otitis media - bilateral - 20 day
Bronchopneumonia Secondary (duration) 0 yrs. 0 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED? 13 W
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Examination & autopsy
(Signed) A. C. Edwards, M. D.
3-24, 1929 (Address) 500 S Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Alton, Ill. DATE OF BURIAL: Mar 27 1929

20. UNDERTAKER: Robert H. Sheeper ADDRESS: Alton Ill

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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