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.

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

Do not use this space.

24913

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 33

City St Louis Mo (No. City Hosp St. ..... Ward)

File No. .....

Registered No. 7075

**2. FULL NAME** Fred. W. Bockelmann

(a) Residence. No. 1515 Angelrodt St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 19th 1877

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 52 | 7 | 25 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Saloon Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

24

9. BIRTHPLACE (CITY OR TOWN) St Louis Mo.
(STATE OR COUNTRY)

1

PARENTS

10. NAME OF FATHER F. W. Bockelmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

31

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT Henry Bockelmann
(Address) 2520 Salisbury St

15. JUL 17 1930 FILED ....., 19.. Max C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14th 1930

17. No Physician in Attendance

I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 2 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Prostration
191

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 194

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Kemer M.D.

7/17, 1930 (Address) Dep Coroner

*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 | DATE OF BURIAL |
|---|---|
| St Paul Churchyard | July 17, 1930 |
| **20. UNDERTAKER** | **ADDRESS** |
| Hy Leidner Und Co | 1417 N. Market St |