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

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 789 — File No. 21312

Township Normandy Central — Primary Registration District No. 6033 — Registered No. 142

City Wellston (No. St. Vincents Sanitarium St. Ward)

2. FULL NAME Ella Hetlage Bockhorst

(a) Residence, No. St., Ward. Wright City, Mo.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 19, 1883

7. AGE: 35 YEARS 54 MONTHS 3 DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wright City, Missouri

FATHER

13. NAME (Henry) Hetlage
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Caroline Biest
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Arthur Bockhorst, Columbia, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wright City, Mo. DATE May 23rd 1937

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED 5-22- 1937 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

Suicide by hanging while in a state of mental aberration. — Date of onset 5/20/37

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Other contributory causes of importance:

Mental Depression Psychosis — 1 yr

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 5/20, 1937

Where did injury occur? Wellston Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Institution

Manner of injury Suicide by hanging

Nature of injury Suffocation

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John O'Connell 4 M. D.

(Address) Former St. Louis Sanity Mo

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.