187

DEC 13 1937

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

Do not use this space.

39888

791 2/1

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10875

City ..... (No. 3736 Penrose Str. St. ..... Ward)

2. FULL NAME Catherine Bocklitz,

(a) Residence, No. 3736 Penrose Str. St., 10 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)
Female	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26. 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
262	65	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) St. Louis, Mo.

FATHER

13. NAME Henry Cordes.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Clarence H. Bocklitz. 3736 Penrose Str.

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALVARY DATE 11/26 1937

19. UNDERTAKER (ADDRESS) W.A.Stock Und. Co. 2117 E. Grand Blvd.

20. FILED NOV 24 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23. 1937 19

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 11:48 A.M.

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

Gun Shot Wound of Chest, self inflicted, at her home 3736 Penrose Street, about 10:30 A.M., Nov. 23, 1937, while suffering temporary mental aberration.

Date of onset

Other contributory causes of importance: SUICIDE.

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

What test confirmed diagnosis? ..... 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 ....., 19.....

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

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

Manner of injury See above

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? 11

If so, specify .....

(Signed) Joseph M. Quinn ~~Mr.~~ D.

(Address) Deputy Coroner

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.