

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.

MAY 13 1940

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

14846

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303
(b) Township _____ Primary Registration District No. 4182 Registered No. _____
(c) City Hermann (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 23 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Carl Ferdinand Bock

(a) Residence, No. 318 W. Seventh St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hilda Bock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 29, 1887</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>6</u>	DAYS <u>17</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>building Contractor</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
FATHER	10. Date deceased last worked at this occupation (month and year) <u>4/1/40</u>	
	11. Total time (years) spent in this occupation <u>20</u>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stolpe, Missouri</u>	
	13. NAME <u>Ferdinand Bock</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Albertina Schmidtke</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. C. F. Bock Hermann, Missouri</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hermann City Cem.</u> DATE <u>4/17/40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Hugo H. Blumer Hermann, Mo</u>		
20. FILED <u>4-17-40</u> <u>Anna K. Rickhoff</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1940, to Apr 15, 1940

I last saw him alive on Apr 15, 1940 Death is said to have occurred on the date stated above, at 10 a. m.

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

Cancer of Stomach

Date of onset

Feb.
15.
40

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of _____

What test confirmed diagnosis? H. Ray Was there an autopsy? no

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

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

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

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) H. J. Rickhoff, M. D.

(Address) Hermann, Missouri

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.....

Hugon Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, MO

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, above space should be left blank.