

7040
No. 2
11-10-39
5-1-1940
1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27367
State File No. _____
7263
Registrar's No. _____

SEP 25 1940
Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hr. (Specify whether
In this community 1hr. years, months or days)

3. (a) PRINT FULL NAME Baby Bock
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Newborn 6. (c) Age of husband or wife if alive Newborn years
7. Birth date of deceased August 23, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.
11. Industry or business Nil.

MOTHER FATHER
12. Name Lee Bock
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Inez Ross
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison
(b) Address 1515 Lafayette, City Hospital

17. (a) Cremation (b) Date thereof 8-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director V. W. J. White
(b) Address City Hospital No. 1

19. AUG 28 1940 (Date received local registrar) (b) J. T. Bock

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1332 South Ninth St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1940 hour 10:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 23, 1940 to August 23, 1940
that I last saw her alive on August 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 19 151

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 8/4/40
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Henry Kattusich M. D. or other _____
Address 1515 Lafayette Ave. Date signed 8/24/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.