No. 2
1-4-41
17-39
X28390

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

JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

R3 025

State File No. 19126

Registration District No. 784 Primary Registration District No. 20 Registrar's No. 1064

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Arbor Terrace Village
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mother of Good Council Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 17 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 17
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 3315a Chippewa St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Margaret Bocka
3. (b) If veteran, name war: ----
3. (c) Social Security No.: ----
4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, divorced: Widowed
6. (b) Name of husband or wife: Joseph D.
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 14 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
69	3	4	hr. min.

9. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: John Dierkes
13. Birthplace: (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name: Juliana Blum
15. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Clara E. Bocka
(b) Address: 3315a Chippewa St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 21, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: SS. Peter & Paul Cemetery
18. (a) Signature of funeral director: J. H. Gebken Lic. & Und. Co.
(b) Address: 2842 Meramec St.
19. (a) MAY 20 1941 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th year 1941 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from Aug. 1, 1940, to May 18, 1941; that I last saw her alive on May 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma uteri, Pri.	1 yr.
Urinary Bladder, intestines.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: None
Of autopsy: No

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: A. H. Cleveland M.D. (M. D. or other)
Address: 3326 Meramec St. Date signed: 5/19/41

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. St. Louis, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.