

FILED MAR 17 1942 91

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 1250

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital # 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4056 Laclede Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Richard Vocker

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 27th 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 4 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER {
12. Name Arthur Vocker
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Randoll Pierce City Mo.
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Vocker

(b) Address 4510 Manchester Ave.

17. (a) Burial (b) Date thereof 2-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 9 1942 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th
year 1942 hour about 9 minute A.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____
and that death occurred on the _____ and hour stated above.

Immediate cause of death Death due to Degree Burns of entire body in a fire in the home about 7:30 pm Feb 8, 1942. Damage to building \$1000.00 to the contents \$2500.00

Other conditions _____
(Include pregnancy within 3 months of death)

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) Accident

(b) Date of occurrence Feb 8-1942

(c) Where and injury occur? At home (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(Specify type of place) While at work _____ Means of injury _____

23. Signature W. J. Perry (M. D. or other) _____

Address 1012 1/2 N. 1st St. St. Louis, Mo. Date signed 2/9/42

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

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.....

Edmund D. McHermott

Licensed Embalmer No. 3024

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, fact should be so stated above.