

S. No. 2
1-9-41
7-5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22620

State File No.

Registrar's No. 6190

Registration District No.

Primary Registration District No.

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:
3304 Arsenal
(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)

3. (a) PRINT FULL NAME Caroline Bockius

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased: July 17 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 3 If less than one day hr. _____ min.

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

10. Usual occupation Nil.

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Julius Bockius

(b) Address 3304 Arsenal

17. (a) Burial (b) Date thereof 7-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul

18. (a) Signature of funeral director Wm. Schumacher

(b) Address 3013 Meramec St.

19. (a) JUL 21 1942 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

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. 3304 Arsenal
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1942 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from 7-17 to 7-17 1942
that I last saw her alive on 7-17 1942
and that death occurred on the 20 and hour stated above.

Immediate cause of death Chronic myocarditis

Due to _____

Due to _____

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

Major findings: None
Of operations: _____

Of autopsy None

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 John J. Jones (M. D. or other) _____
Address 4665 So. Grand Date signed 7/21/42

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.....

Clarence Kochow

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

working under my personal supervision.

Signed.....

Clarence Kochow

Licensed Embalmer No.....

3093

P. O. Address.....

3013 Miramec

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.