

FILED DEC 10 1942

Registration District No. 108

Primary Registration District No. 302

Registrar's No. 2297

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Riverside Gardens
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
369 Midridge Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 369 Midridge Drive
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NO

3. (a) PRINT FULL NAME DORA BOCHKA

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
year 1942 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1942
Dr. J. J. Smith to Nov 3 1942

that I last saw her alive on Nov. 3 1942
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race white

6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased January 30 1871
(Month) (Day) (Year)

Immediate cause of death Myocarditis Chronic

Due to _____

Due to _____

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

71 9 3 26 hr. min.

Other conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy _____

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

10. Usual occupation Home

11. Industry or business same

MOTHER FATHER

12. Name August Jaroud

13. Birthplace Germany (State or foreign country) 4

14. Maiden name Annae Kuntz

15. Birthplace Germany (State or foreign country) 4

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? _____

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

16. (a) Informant Mrs. Leona Gestring

(b) Address 369 Midridge Dr

17. (a) Nov 5 1942 (b) Date thereof Nov 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Parkers

18. (a) Signature of funeral director E. Schildman

(b) Address Country City

19. (a) NOV 5 - 1942 (b) E. J. Mc Larn
(Date received local registrar's certificate) (Registrar's signature)

23. Signature Albert Bird (M. D. or other)

Address 2147 S. Jefferson Date signed 11/19/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

DEC 11 1948

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.....
E. N. Schildmann....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. N. Schildmann*.....

Licensed Embalmer No. *448*.....

P. O. Address *Granite City, Ills*.....

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.