V. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4312

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1197

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. ANTHONY' Hospital
(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: 000

(a) State MO (b) County 17

(c) City or town ST. LOUIS. 01
(If outside city or town limits, write "RURAL")

(d) Street No. 3636 KOELN
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CAROLINE HOCK.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife FRANK

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

7. Birth date of deceased Oct (Month) 3 (Day) 1865 (Year)

8. AGE: Years 77 Months 4 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) GERMANY 9 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Frank Hock.
(b) Address 3636 Koeln

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB (Month) (Day) 1943 (Year)
(c) Place: burial or cremation SS. PETER & PAUL CEM.

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7129 MICHIGAN AV

19. (a) FEB 6 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 5 year 1943 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan. 30, 1943 to Feb 5, 1943 that I last saw her alive on Feb. 5, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis (Post-operative collapse)	24
Due to: Chronic cholecystitis	20 y?
Due to: c̄ Cholelithiasis	
Other conditions (Include pregnancy within 3 months of death): Bronchial asthma	5 y

Major findings:
Of operations as above
Of autopsy 93

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 D. A. O'Sullivan (M. D. or other) MD
Address 421 W. Schwemm Date signed 2/5/43

(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 .....

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

working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry Rd

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.