

S. No. 2
M-5-42
7-5-17-39

14614

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

50
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FILED MAY 11 1943

Registration District No. 160

Primary Registration District No. 5593

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus Rural-Platte
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 years
In this community 7 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus Rural-Platte
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME John De Kock

3. (b) If veteran, name war Spanish
3. (c) Social Security No. 494-01-0376

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

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

7. Birth date of deceased May 8th 1886
(Month) (Day) (Year)

8. AGE: Years 56 ~~57~~ Months 10 Days - If less than one day hr. min.

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

10. Usual occupation Tavern Owner

11. Industry or business Street Car Operator

12. Name John De Kock

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

14. Maiden name Louise Nutzer

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

16. (a) Informant Alice De Kock

(b) Address Festus, Mo. 72 P.

17. (a) Burial (b) Date thereof Mar. 11, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Witt Brot
(b) Address 2929 S. Jefferson St. St. Louis

19. (a) 3/8/43 (b) A. P. Cahney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1943 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 1940
1940 to March 7 1943
that I last saw him alive on March 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular disease
Due to 930

Other conditions Emphysema pulm.
(Include pregnancy within 3 months of death) Bronchitis
Major findings: Of operations

Of autopsy

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
23. Signature Bartholomew Bolpus M.D. or other
Address Festus, Mo. Date signed 3-8-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Chas H Witt....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Chas H Witt*.....

Licensed Embalmer No..... *683*.....

P. O. Address..... *2929 So. Jefferson*.....

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.