

FILED JUN 3 1944

Primary Registration District No. 3064

Registrar's No. 1205

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
21 N. Harvey Ave.
(If not in hospital or institution, write street number or location)

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

In this community 46 yrs.
(years, months or days)

3. (a) PRINT FULL NAME Stephannie V. Bock

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peter J. Bock 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased August 15, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name John Bohart

13. Birthplace Unknown Belgium
(City, town, or county) (State or foreign country)

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

16. (a) Informant Peter J. Bock

(b) Address 21 N. Harvey Ave.

17. (a) Burial (b) Date thereof 5/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Garden

18. (a) Signature of funeral director L. M. White

(b) Address Ferguson, Missouri

19. (a) JUN 1 - 1944 (b) D. S. McFarlan, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 21 N. Harvey Ave.
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1944 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from 5/11 1944, to 5/27 1944
that I last saw her alive on 5/27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:

Pneumonia 5 das.

Septicemia 5 das.

Hypertensive cardio-

renal nephritic 33

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1210

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) _____

(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) (c) Means of injury _____

23. Signature D. S. McFarlan (M. D. or other) _____
Address Ferguson, Mo. Date signed 5/27/44

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

662

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..... *L. M. White*.....

Licensed Embalmer No. *3973 Ferguson, Va*.....

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.