

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
7 1945
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27335

Registration District No. 119 Primary Registration District No. 5443

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Roark
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8 Mi. S. W. of Hermann
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 85 years
(Specify whether years, months or days)
In this community 85 years

3. (a) PRINT FULL NAME FRITZ GUSTAV BOCK

3. (b) If veteran, name war #
3. (c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Bock
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Jan 5 1860
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 24
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

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

16. (a) Informant Mrs. Lena Bock

(b) Address RFD, Hermann, Mo

17. (a) Burial (b) Date thereof 9-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. (a) Aug 30/45 (b) A. H. Siedler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Miles S. W. of Hermann
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1945 hour 7:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from 10th Sept 1944 to Aug 29th 1945
that I last saw him alive on Aug 29th and that death occurred on the date and hour stated above.
Immediate cause of death

Myocarditis chronic
Due to Arteriosclerosis

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

Major findings:
Of operations —
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?

(Specify type of place)
While at work? (e) Means of injury
23. Signature E. G. Rhodius (M. D. certifying)
Address Hermann Mo Date signed 8/30/45

1261

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9.

District File Number

Date Filed

9-6-45

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

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

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.