

S. No. 2
 4-8-43
 5-17-39
 P. 1 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37128

FILED NOV 17 1945
 Registration District No. 119

Primary Registration District No. 4793

State File No. _____
 Registrar's No. 22

1. PLACE OF DEATH:
 (a) County Gasconade
 (b) City or town Hermann - Roark
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Latal Residence
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Gasconade 37
 (c) City or town Hermann 1
(If outside city or town limits, write "RURAL")
 (d) Street No. 901 Washington Avenue 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Frederick Wm. Bock

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

4. Sex Male 5. Color or race White
 6. (a) ~~XXX~~ widowed, ~~XXX~~
Wilhelmina Age of husband or wife if alive _____ years

7. Birth date of deceased April 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>13</u>	_____hr. _____min.

9. Birthplace Gasconade Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired Farmer

MOTHER FATHER {
 12. Name Frederick Bock
 13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Augusta Rudolph
 15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank Latal

(b) Address Hermann, Missouri.

17. (a) Burial (b) Date thereof 10/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stolpe, Mo.

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

(b) Address Hermann, Mo.

19. (a) 10/20/45 (b) O. Mundweller
(Date received, local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19th
 year 1945 hour 8 minute 30A. M.

21. I hereby certify that I attended the deceased from Aug. 20
30 to Oct. 19, 1945
 that I last saw him alive on Oct. 18, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis
 Duration 5 yrs.

Due to _____

Due to _____

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

Major findings:
 Of operations _____
 Of autopsy _____
 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) (e) Means of injury 2.

23. Signature [Signature] (M. D. or other) [Signature]
 Address Hermann, Mo. Date signed 10/20/45

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

7
 0
 0

1659

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed 11-15-45

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 Chas. H. Pope

Licensed Embalmer No. 2552

P. O. Address Herrmann, 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.