FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948
Registration District No. 378

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24119

Registrar's No. 6885

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Luthern Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)
In this community 56 Yrs 11 Mons 25 Days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lou

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1938a Benton St. 9
(If rural, give location) 0

(e) Citizen of foreign country? 26 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mamie L. Bockwinkel

3. (b) If veteran, name war no

3. (c) Social Security No. 489-05-4101

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) 8 (Day) 1891 (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	11	25	hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Inspectors of Lamps.

11. Industry or business

MOTHER FATHER

12. Name George Bockwinkel

13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

14. Maiden name Catherine Lockbring

15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mr. Wm. Bockwinkel. 1

(b) Address 1938a Benton St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-48 (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peters & Paul Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave,

19. (a) AUG 5 - 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3 year 1948 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from July, 1948, to August 3, 1948; that I last saw her alive on August 2, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinomatosis	1 year
Sister not known	
Due to	
Due to 55	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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 0

23. Signature [signature] (M. D. or other)

Address 3701 Grandel Sq. Date signed 8-5-48

Jefferson City Printing Co.

(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..... Elmo R. Cadwell

Licensed Embalmer No..... 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.