No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30854

FILED OCT 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8437

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3619 Lee 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 3619 Lee Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert H. Bockstruck

3. (b) If veteran, name war World War #2

3. (c) Social Security No.

4. Sex Male

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 December (Month) 16 (Day) 1906 (Year)

8. AGE: Years 41 Months 9 Days 9 If less than one day hr. min.

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

10. Usual occupation Parts Manager

11. Industry or business Weber Implement Co

FATHER
12. Name Albert H. Bockstruck
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Mische
15. Birthplace Warren County Mo (City, town, or county) (State or foreign country)

16. (a) Informant George W. Bockstruck
(b) Address 3619 Lee Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 1948 (Month) (Day) (Year)

(c) Place: burial or cremation De Soto Mo

18. (a) Signature of funeral director Calvin F Feutz
(b) Address 4828 Nat Bridge Blvd

19. (a) SEP 28 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25
year 1948 hour 10. minute 40 P. M.

21. I hereby certify that I attended the deceased from June, 1948 to Sept, 1948
that I last saw him alive on Sept 20, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute coronary Thombosis	
Due to arterio-sclerosis	
Due to Hypertension Hyperthyroidism	
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

23. Signature William O. Moseley M.D. (M.D. or other)

Address 3625 Fair Ave Date signed 9/27/48

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

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.....Ralph L. Linders.....

Licensed Embalmer No.....#275.....

P. O. Address.....St. Louis, 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.