

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 9 1950

State File No. 28020  
7474

BIRTH NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY 318		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2019		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 223 W. Stein 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION 223 W. Stein				
3. NAME OF DECEASED (Type or Print) FRANK		a. (First) H.	b. (Middle) BOCKENHOLT	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1950				
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 11, 1890	9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Frank Bockenholt		13b. MOTHER'S MAIDEN NAME Annie Long	14. NAME OF HUSBAND OR WIFE Edna	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edna Bockenholt, 223 W. Stein	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of R. Lung  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 11 months
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X
22. I hereby certify that I attended the deceased from 11/9 1949, to Aug 31, 1950; that I last saw the deceased alive on Aug 31, 1950 and that death occurred at 9:40 P. M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Benjamin M. H.		23b. ADDRESS 7430 Virginia		23c. DATE SIGNED 9/1/50
24a. BURIAL CREMATION REMOVAL (Specify) burial		24b. DATE Sept. 5, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Olive	
24d. LOCATION (City, town, or county) (State) Mt. Olive Road		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Hoffmeyer U.S.L.C.O. 7814 S. Broadway		
DATE REC'D BY LOCAL REG. SEP 1 1950		REGISTRAR'S SIGNATURE J. B. Sasser		

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

*mail*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Linus E. Hoffner*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.