

FILED DEC 28 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 3100BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 3100

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>68 OR TOWN Kirkwood</u>	
c. LENGTH OF STAY (in this place) <u>13 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 12 Box 410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 12 Box 410</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>J.</u>	b. (Middle) <u>BEN</u>	c. (Last) <u>BOCK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21 1950</u>
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5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married /</u>	8. DATE OF BIRTH <u>Feb. 21, 1903</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tucker Motor Car Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Perryville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Emanuel Bock</u>	13b. MOTHER'S MAIDEN NAME <u>Pauline Stalling</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy Bock</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Bock</u>	ADDRESS <u>Rt. 12 Box 410 Kirkwood Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		<u>2 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Pul. Tuberculosis</u> DUE TO (c) <u>bronchio-pulmonary pleural fistula</u>		<u>2-2</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>00 2X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1888, to Dec 21, 1950, that I last saw the deceased alive on Dec 21, 1950, and that death occurred at 3:25A.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Rh Ebeluch MD</u>	23b. ADDRESS <u>3606 Gravis</u>	23c. DATE SIGNED <u>12-22-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 0</u>	24b. DATE <u>Dec. 23, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Churchyard</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/22/50</u>	REGISTRAR'S SIGNATURE (Degree or title) <u>Julius R. Donke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	ADDRESS <u>4228 S. Kingshighway Bl.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

working under my personal supervision.

Signed

Student Embalmer No. \_\_\_\_\_  
*Edwin A. M. Bennett*

Signed

Student Embalmer

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

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.