

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4355

362

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

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u>		c. LENGTH OF STAY (In this place) <u>12 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u>		0367	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>628 Horn St.</u>				d. STREET ADDRESS (If rural, give location) <u>628 Horn St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>		b. (Middle) <u>Ignatius</u>		c. (Last) <u>Bocklage</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1951.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 1, 1876.</u>		9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>27</u> Hours <u> </u> Min. <u> </u>	11. UNDER 100 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming.</u>		11. BIRTHPLACE (State or foreign country) <u>Marthasville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Bocklage.</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Glosemeyer.</u>		14. NAME OF DECEASED'S WIFE <u>Clara Bocklage.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Victor Bocklage Washington, Mo.</u>			
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) <u>Chronic glomerular nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>general arteriosclerosis</u> DUE TO (c) <u>Prostatic Hypertrophy.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> <u>10 yrs</u> <u>446 X</u> <u>10 yrs</u>	
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?			
22. I hereby certify that I attended the deceased from <u>Jan 7, 1951</u> , to <u>Feb 28, 1951</u> , that I last saw the deceased alive on <u>Feb 28, 1951</u> , and that death occurred at <u>7:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. Schmidt D. M.D.</u>				23b. ADDRESS <u>2nd + Elm, Washington Mo</u>		23c. DATE SIGNED <u>3-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 3, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Borgia Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 1, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>99</u>		ADDRESS <u>Rieburg + Vitt, Inc. Washington, Mo.</u>	

DISTRICT HEALTH OFFICE NO. 4

MAR 3 1951

RECEIVED

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.

Student Embalmer No.

Signed Jerome F. Chuboda

Signed.....
Student Embalmer

Licensed Embalmer No. 4507

P. O. Address Washington

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.