

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42773
Registrar's No. 11662

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1005		Registrar's No. 11662	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Gasconade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morrison		0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) Rural Route # 1			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) STEVEN			b. (Middle) EUGENE			c. (Last) BOCK	
6. COLOR OR RACE W			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single			8. DATE OF BIRTH 8-25-1951	
9. AGE (In years last birthday) 4			10. MONTHS 4			11. DAYS 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
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11. BIRTHPLACE (State or foreign country) Paducah Kentucky				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Eugene Bock		13b. MOTHER'S MAIDEN NAME Grace Taylor		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Bock Morrison Mo. RR#1			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bronchial						4 days	
ANTECEDENT CAUSES						4 mos.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.							
DUE TO (b) Congenital intraventricular defect							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 75A.2			
22. I hereby certify that I attended the deceased from 10-9-51 19 to 12-29-51 19, that I last saw the deceased alive on 12-29-51 19, and that death occurred at 11:20 p.m. from the causes and on the date stated above.							
23a. SIGNATURE <i>Edward A. Watson</i>				23b. ADDRESS 204 E. Big Bend.		23c. DATE SIGNED 12-31-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		Jan. 2, 1951		Wynka Cemetery		Lincoln Nebraska	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 3 1951 <i>J. Earl Smith</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>M. D. Parker - Aldrich 7 Home. Webster Groves Mo.</i>			

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

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.....

Leslie Holch

Licensed Embalmer No. *4395*

P. O. Address *Wabster Grove, M.*

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.