

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18895

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1255

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 township) <u>Rural. Bonhomme Twship.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural. Bonhomme Twship.</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Carman Rd. Valley Park, Mo. R #1.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Carman Rd. Valley Park, Mo.</u>		e. STREET ADDRESS <u>Valley Park, Mo. R #1.</u>	

3. NAME OF DECEASED (Type or Print) <u>LOUISA Christine BOCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 27,</u>	9. AGE (In years last birthday) <u>71</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henry C. Bock</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Lochhaas</u>	14. NAME OF HUSBAND OR WIFE <u>-----</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna Bock,</u>	ADDRESS <u>Valley Park, Mo. R #1.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u> <u>years</u> <u>2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of feet</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4 yr</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>-----</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-----</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-----</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-----</u>
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22. I hereby certify that I attended the deceased from March 1, 1952, to May 23, 1952, that I last saw the deceased alive on May 22, 1952 and that death occurred at 1:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B.R. Loving, M.D.</u>	(Degree or title) <u>O</u>	23b. ADDRESS <u>Ballwin, Mo.</u>	23c. DATE SIGNED <u>5-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 26, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Des Peres, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-23-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home,</u>	ADDRESS <u>Ballwin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

H. Schroder

Signed.....

Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Baltimore, Md.*

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.