

FILED JUL 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20685

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1438</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arbor Terrace</u>		c. LENGTH OF STAY (in this place) <u>7 Mos.</u>		c. CITY OR TOWN <u>St. Louis.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mother of Good Counsel Home</u>				STREET ADDRESS (If rural, give location) <u>3410 Meramec St.</u>				<u>151</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>			b. (Middle) <u>E.</u>			c. (Last) <u>Bocka</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>June 23, 1955</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>			8. DATE OF BIRTH <u>May 17, 1879</u>			9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>76</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bookkeeping Industry Retired 3 Yrs.</u>			11. BIRTHPLACE (City, and State or Foreign Country) <u>St. Louis, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Herman M. Bocka</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Luecking</u>			
14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>			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>Herman J. Krembs Jr.</u>			ADDRESS <u>3810 Botanical Ave.</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u> ANTECEDENT CAUSES Morbid 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. <u>Metastasis to Skin & Lungs</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Breast</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>170x</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>					
22. I hereby certify that I attended the deceased from <u>4-1</u> , 19 <u>54</u> , to <u>6-23</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-21</u> , 19 <u>55</u> , and that death occurred at <u>4:45A.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M B Stubble</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>7124 Natural Bridge</u>		23c. DATE SIGNED <u>6-24-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/27/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6/24/55</u>		REGISTRAR'S SIGNATURE <u>Hebert B. Donke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary</u>		ADDRESS <u>2842 Meramec St.</u>			

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 Me, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe S Benz
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec

St. Louis 18 Missouri

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.