

FILED APR 16 1956 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) R. R. #1 STIMMSWICK		c. LENGTH OF STAY (In this place) 6 WKS		c. CITY OR TOWN ARNOLD	
d. FULL NAME OF (If not in hospital or institution, give street address or location) FOUR OAKS REST HOME		e. STREET ADDRESS (If rural, give location) Rt. 1.		Is Burial within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLOTTE b. (Middle) _____ c. (Last) BOCK			4. DATE OF DEATH (Month) (Day) (Year) APRIL 3 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB-5-1874		9. AGE (In years last birthday) Months Days Hours Min. 82 1 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) YONKERS, New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM STELLMANN		13b. MOTHER'S MAIDEN NAME PETERS.		14. NAME OF HUSBAND OR WIFE WILLIAM H.F. BOCK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MR WINFIELD BOCK Rt. 1, Arnold, Mo.		

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) Coronary Myocarditis			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerosis			
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 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) Summersville Jefferson Mo	
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 **1950**, 19__ to **4/3**, 19**56**, that I last saw the deceased alive on **2/13**, 19**55**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Oliver B. Smith M.D.** (Degree or title) 23b. ADDRESS **Imperial Mo** 23c. DATE SIGNED **4/15/1956**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **APR-5-1956** 24c. NAME OF CEMETERY OR CREMATORY **LUTHERAN Cem.** 24d. LOCATION (City, town, or county) (State) **New York City, New York.**

DATE REC'D BY LOCAL REG. **4/7/1956** REGISTRAR'S SIGNATURE **Ruth J. Isaac** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **FEY FUNERAL HOME, MEHLVILLE, Mo.**

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

438

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 11 1956

APR 11 1956

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, ~~ONE~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Elmer R. Fordwell*.....

Licensed Embalmer No. *4017*

P. O. Address *St. Louis*

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.