

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19168**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1047**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Olivette		c. CITY (If outside corporate limits, write RURAL and give township) Olivette	
c. LENGTH OF STAY (In this place) 2 mons		d. STREET ADDRESS (If rural, give location) 1116 Basswood Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1116 Basswood Lane		e. FULL NAME OF HOSPITAL OR INSTITUTION 1116 Basswood Lane	

3. NAME OF DECEASED (Type or Print) a. (First) Erwin b. (Middle) Otto c. (Last) Bock		4. DATE OF DEATH (Month) (Day) (Year) Apr. 22, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 23, 1913
9. AGE (In years last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Alvey Conveyor	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Bock	13b. MOTHER'S MAIDEN NAME Hermine Hartke	14. NAME OF HUSBAND OR WIFE Helen A. Bock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) W.W.#2	16. SOCIAL SECURITY NO. 496-30-7153	17. INFORMANT'S SIGNATURE OR NAME Helen A. Bock ADDRESS 1116-Basswood Lane

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) Asphyxia (by hanging)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, ashenia, 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) _____		

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) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Olivette St. Louis Mo.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY April 22 1956 p.m. 1:05	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? self-inflicted strangulation by
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE Edward J. Hillman (Degree or title) Coroner	23b. ADDRESS Clayton, Missouri	23c. DATE SIGNED 4/26/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-26-1956	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Ev. Cemetery
24d. LOCATION (City, town, or county) (State) Olivette, Mo.		

DATE REC'D BY LOCAL REG. 4-24-56	REGISTRAR'S SIGNATURE Herbert B. Dombard	25. FUNERAL DIRECTOR'S SIGNATURE Herbert B. Dombard ADDRESS 2504-Woodson Rd-Overland-14-Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Licensed Embalmer No. 3654

P. O. Address Overland 100

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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