

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28133
7582

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD HOSP.		e. STREET ADDRESS (If rural, give location) 14 5020 PERNOD AVE. 21470	
3. NAME OF DECEASED (Type or Print) FRANK G. BOCKWINKEL		4. DATE OF DEATH (Month) (Day) (Year) AUG. 14 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 23, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER (RETIRED)		10b. KIND OF BUSINESS OR INDUSTRY BAKER BRO. GROCERY	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.
13a. FATHER'S NAME UNKNOWN BOCKWINKEL		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE IRENE BOCKWINKEL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS IRENE BOCKWINKEL 5020 PERNOD

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Myocardial Damage		4 mos.
ANTECEDENT CAUSES		DUE TO (b) Hypertensive C. & D. Dis.		10 yrs.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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)
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 1949, to 8/14, 1956, that I last saw the deceased alive on 8/14, 1956, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Earl Smith, M.D.	2876	8/15/56
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE AUG. 17, 1956	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY
DATE REC'D BY LOCAL REG. AUG 15 1956	REGISTRAR'S SIGNATURE J. Earl Smith	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
M. KRIEGSHAUSER 4228 S. KING HIGHWAY		

S.P. (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.....
Signature of Student Embalmer

Signed *Richard W. Stover*

Licensed Embalmer No. *400*

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.