

FILED MAR 29 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 11608

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 667

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, give TOWNSHIP only) OR TOWN Olivette 4600		c. CITY OR TOWN Olivette 4380	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1142-Magnet Dr.		d. STREET ADDRESS 1142 Magnet Drive	
Length of stay in 1b 7 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle Arthur Last Bock	4. DATE OF DEATH Month Mar. Day 9 Year 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 2, 1894	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Vending Sales	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME John Bock	14. MOTHER'S MAIDEN NAME Mary Fahr
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.#1	16. SOCIAL SECURITY NO. 488-05-6208	17. INFORMANT Address Ethel L. Bock 1142 Magnet Drive
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 10 MIN 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis H. D.		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 4200	COUNTY _____ STATE _____
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21. I attended the deceased from 11-30-55 to 3-9-57 and last saw her/him alive on 3-8-57 Death occurred at 9 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Donald L. Otter MD	22b. ADDRESS 730 Hadjiamont	22c. DATE SIGNED 3-11-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-12-1957	23c. NAME OF CEMETERY OR CREMATORY Hiram Burial Park	23d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.
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24. FUNERAL DIRECTOR ADDRESS Blummann Bros. Inc. 2504 Woodson Road Overland-14-Mo	25. DATE RECD. BY LOCAL REG. 3/11/57	26. REGISTRAR'S SIGNATURE Herbert A. Donk
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Health & Welfare Public Service 300 1-36 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *David C. Gibson*.....

Licensed Embalmer No. *3025*.....

P. O. Address *Overland*.....

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.