

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011362

STATE FILE NUMBER

FILED APR 3 1958

SL-13542

XC-146 156

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3504

300

1-57

0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <i>Osage</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WESTPHALIA <i>0769</i>
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AV. 126 DAYS		Length of stay in lb 3/	d. STREET ADDRESS NONE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRITZ BOCK			4. DATE OF DEATH Month Day Year 3/25/58
5. SEX MALE <i>0</i>	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/6/93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER & ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	9. AGE (In years) Last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) WESTPHALIA, MISSOURI <i>0</i>		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LOUIS BOCK		13b. MOTHER'S MAIDEN NAME ELIZABETH ENGLEMEYER	14. NAME OF HUSBAND OR WIFE WIDOWED
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 491 36 6107	17. INFORMANT Address VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GENERALIZED METASTASES INTERVAL BETWEEN ONSET AND DEATH UNKNOWN Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CARCINOMA OF PYRIFORM FOSSA UNKNOWN DUE TO (c) - - - - - 147x - - - - - 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
21. Attended the deceased from <i>VA</i> <u>11/19/57</u> , to <u>3/25/58</u> and last saw him ^{her} alive on <u>3/25/58</u> Death occurred at <u>2:02 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Leroy L. Fink, M.D.</i> LEROY L. FINK, M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 3/25/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/26/58	23c. NAME OF CEMETERY OR CREMATORY Jefferson City, Mo	23d. LOCATION (City, town, or county) (State) Jefferson City, Mo
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. MAR 27 '58	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> JCS

(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Shelley A. Galloway, Jr.*

Licensed Embalmer No. *4950*

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.