

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033297

STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 162

Primary Registration District No. 5594

Registrar's No. 80

S. 300
v. 1-57

0500
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-MERAMEC		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 2097 TOWN St. Louis
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hill Ina		Length of stay in lb 9 1/4 hrs 260	d. STREET ADDRESS (If outside, give location) 5209 BLAIR
3. NAME OF DECEASED (Type or print) First Middle Last HENRY B BOCKLITZ		4. DATE OF DEATH Month Day Year SEPT. 5 1958	
5. SEX Mo	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 4 1872
9. AGE (In years (Methody)) 86		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER City of St. Louis		10b. KIND OF BUSINESS OR INDUSTRY St. Louis	11. BIRTHPLACE (City and state or country) Mo. U. S. A.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME BERNARD BOCKLITZ	13b. MOTHER'S MAIDEN NAME ?
14. NAME OF HUSBAND OR WIFE JULIA DIERKER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Bro. Koch, St. Joseph's Hill Infirmary	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY Occlusion DUE TO (b) CEREBRAL ARTERIO-SCLEROTIC DUE TO (c) CARDIO-VASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH 4201	
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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from APRIL 9/49, to SEPT. 5/58 and last saw him alive on SEPT. 5/58 Death occurred at SEPT. 5/58 11:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John Marder M.D.		22b. ADDRESS St. Joseph's Hill Infirmary	
22c. DATE SIGNED 9/6/58		22d. ADDRESS (City, town, or county) (State) St. Louis Mo.	
23a. FUNERAL CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/2/58	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cem		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	
24. FUNERAL DIRECTOR Ruchly Mortuary - 5967 W. Florissant		25. DATE RECD. BY LOCAL REG. 9-6-58	
26. REGISTRAR'S SIGNATURE Robert E. Bauer			

JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI

DATE RECEIVED
SEP 16 1958

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 *Wilfred F. Buchholz*

Licensed Embalmer No. *4559*

P. O. Address *St. Louis Mo*

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.