

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043983

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10977**

FILED NOV 9 6 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>37 yrs</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>DOA City Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5015 Steffens Avenue</b>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <b>ADOLPH</b> Middle <b>M.</b> Last <b>BOCK</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>13,</b> Year <b>1962</b>			5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/13/1884</b>		9. AGE (last birthday) <b>78</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired salesman</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>coal and fuel</b>				11. BIRTHPLACE (City and state or country) <b>Uniontown, Missouri</b>				12. CITIZEN OF WHAT COUNTRY <b>USA</b>							
13a. FATHER'S NAME <b>Benjamin Bock</b>				13b. MOTHER'S MAIDEN NAME <b>Sulimith Hopfer</b>				14. NAME OF HUSBAND OR WIFE <b>Martha Mehner</b>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>[REDACTED]</b>				17. INFORMANT <b>Mrs. Martha Bock, 5015 Steffens Avenue</b>				Address							
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>												INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>4201</b>																			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes mellitus</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
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 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		COUNTY		STATE											
21. I attended the deceased from <b>1959</b> to <b>Nov 13 1962</b> and last saw her/him alive on <b>11-13-62</b> Death occurred at <b>9:45 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <i>[Signature]</i>						22b. ADDRESS <b>5203 Chippewa St. St. Louis</b>			22c. DATE SIGNED <b>11-14-62</b>										
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>11/16/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Immanuel Luth. Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Perryville, Missouri</b>											
24. FUNERAL DIRECTOR <b>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</b>				25. DATE REC'D. BY LOCAL REG. <b>NOV 15 1962</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>													

USE BLACK INK OR TYPEWRITER RIBBON

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Dr. J. J. Inkley  
~~St. Louis Hills Med. Ctr.~~  
5203 *Chippewa*  
1-4 PM

**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 

Licensed Embalmer No. 4520

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.