WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32052

File No. .....

Registered No. 9424

1. PLACE OF DEATH

County .....

Township .....

City ..... (No. 4249 W 19 St. ..... St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Pancratius Bochlein

(a) Residence. No. 4249 W 19 St. St., 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kunigunda Bochlein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-19-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	3	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk 131
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad 93E 97
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Jacob Bochlein

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Kunigunda Bochlein
(Address) 4249 W 19 St.

15. FILED OCT 23 1927, 19..... Max E. Starkoff, REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1925, to Oct 22, 1927 that I last saw h. alive on Oct 21 1927, and that death occurred, on the date stated above, at 12:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chr. interstitial nephritis Arteriosclerosis (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 12 W

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings

(Signed) Albert J. Mitchell, M. D
, 19 (Address) Grand Blvd. Medical Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem. DATE OF BURIAL 10/24 1927

20. UNDERTAKER W. A. Stock and Co ADDRESS 2117 E. Grand