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

Do not use this space. 38669

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11371

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis, Mo. (No. Mo. Baptist Hospt. Jan St. ..... Ward)

2. FULL NAME Edward Bockhorst

(a) Residence. No. 2212a Winnebago St., 24 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	8	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Paper Box
(b) General nature of industry, business, or establishment in which employed (or employer) Maker
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) St. Louis Mo.

PARENTS

10. NAME OF FATHER Wm R. Bockhorst.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) "

14. INFORMANT Rudolph Bockhorst
(Address) 2128 Stansbury St.

15. FILED LEC 20 1927, 19 Max C Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1927, to Dec 18, 1927 that I last saw him alive on Dec 18, 1927, and that death occurred, on the date stated above, at 5:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia due to Chronic
Nephritis 131
93C
1290 (duration) 13 yrs. 2 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Myocarditis Chronic
(duration) — yrs. 2 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home "
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Roland Skieffa, M. D
12/19, 1927 (Address) 4500 Olive

*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 New Pickers Cem. DATE OF BURIAL Dec 21 1927

20. UNDERTAKER Ziegenhein Bros. ADDRESS 2623 Chrisler

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.