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

Do not use this space.

24809

File No. 24809

Registered No. 6980

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St. Louis ..... Primary Registration District No. .....

City St. Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Frank Bockenhoelt

(a) Residence, No. 7140 Vermont St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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~~ Anna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laclede Gas Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Anna Bockenhoelt
(ADDRESS) 7140 Vermont

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olive Cem. DATE July 28, 1932

19. UNDERTAKER C. Hoffmeister & Co.
(ADDRESS) 7810 So Broadway

20. FILED JUL 27 1932, 19 ..... Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1932

22. I HEREBY CERTIFY That I attended deceased from 7/3 —, 1932, to 7/25 —, 1932. I last saw him alive on 7/23, 1932. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrosis	
121A	
121B	121
99A	

Other contributory causes of importance: Perforated Appendix

Name of operation Appendectomy Date of 7/13/32

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify .....

(Signed) C. R. Hawkes, M. D.
(Address) 7219 Michigan

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.

WRITE PLAINLY WITH UNFADING INK—PRESS HARD—THIS IS A PERMANENT RECORD