APR 9 1935

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

Do not use this space.

10485

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis Mo (No. ....., 1919 Bremen St. ..... Ward)

File No. .....

Registered No. 2080

2. FULL NAME Peter Bockerman

(a) Residence, No. 1919 Bremen St., 26 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: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 28, 1845

7. AGE: YEARS 89 | MONTHS 4 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer

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: Henry Bockerman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mary Sebrock 1919 Bremen

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lion Cemetery DATE Mar 4 1935

19. UNDERTAKER (ADDRESS): Heidenwieden Funeral Home Inc 1936 St. Louis Ave

20. FILED MAR - 2 1935, 19 J A Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/1/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/5/34, 19, to 3/1/35, 19

I last saw him alive on 3/1/35, 19 Death is said to have occurred on the date stated above, at 6AM m.

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

Chr. generalized arteriosclerosis
Chr. endocarditis, Chr. myocarditis
Chr. mitral insufficiency
Bronchial pneumonia.

Date of onset

31

Other contributory causes of importance:

Myocardial decompensation
Chr. bronchitis, inanition
extreme senility; uremia. Caused by Chronic nephritis

Name of operation Cli and lab Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

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?

If so, specify .....

(Signed) Luke B. Turner, M. D.

(Address) 3718 Jennings, Rd.

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.