NOV 15 1937

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

36138
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 9 1003 Registered No. 9715
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) City ST LOUIS MO. (d) Street No. En route City Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME GEORGE P. VOCKER.
(a) Residence, No. 4148 MANCHESTER. St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 13 1921.
7. AGE: YEARS 16 MONTHS 8 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NIL.
9. Industry or business in which work was done, as saw mill, bank, etc.
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) OKMULGEE, OKLAHOMA.

FATHER
13. NAME GEORGE VOCKER.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MT STERLING, ILLINOIS.

MOTHER
15. MAIDEN NAME MARGARET FREEMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS, MISSOURI.

17. INFORMANT (ADDRESS) MRS. MARGARET VOCKER. 4148 MANCHESTER.
18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVERY DATE 10-20 1937
19. FUNERAL DIRECTOR (ADDRESS) MULLEN BROS 59 LINDELL, BLVD.
20. FILED OCT 19 1937 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/17/37 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:00 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Gun shot wound in back, perforating Abdominal Aorta, Stomach and Intestines, Contrib: Haemorrhage inflicted at the hands of Prob. Patrolman Edwin Weder in the Railroad Yards near 1218 Central Industrial Drive, about 11:00 A.M. Oct. 17, 1937 in the performance of his duties.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Justifiable Homicide Date of injury 10/17/37
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Public Place
Manner of injury See Above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Alfred J. Perez M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, W. M. Rogers, Licensed Embalmer No. 3905

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. M. Rogers

Licensed Embalmer No. 3905

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)