

JAN 10 1938

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

43564
Do not use this space.

791
1003

Registered No. 11814

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 115 Eichelberger Street 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

Nicholas J. Bockius
(a) Residence, No. 115 Eichelberger Street St. 15
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Bockius
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1874.
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 11 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as saw mill, bank, etc. 90
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22 1937
22. HEREBY CERTIFY, That I, attended deceased from 8/5/37, 19... 12/22, 19... 37
I last saw him alive on 12/21-37, 19... Death is said to have occurred on the date stated above, at 12:45 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of lung
Other contributory causes of importance: W.P.
Name of operation..... Date of.....
What test confirmed diagnosis Clinical 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?
If so, specify.....
(Signed) Joseph C. Lewis, M. D.
(Address) 1209 Verginia

12. BIRTHPLACE (CITY OR TOWN)..... St. Louis, Mo. /
(STATE OR COUNTRY)

13. NAME Nicholas Bockius

14. BIRTHPLACE (CITY OR TOWN)..... St. Louis, Mo. /
(STATE OR COUNTRY)

15. MAIDEN NAME Caroline Miller.

16. BIRTHPLACE (CITY OR TOWN)..... St. Louis, Mo. /
(STATE OR COUNTRY)

17. INFORMANT Josephine Bockius
(ADDRESS) 115 Eichelberger Street

18. BURIAL, CREMATION, OR REMOVAL
SS Peter & Paul Cem. DATE Dec. 27, 1937.

19. FUNERAL DIRECTOR J. N. Giddens & Co.
(ADDRESS) 2842 Meramec Street

20. FILED DEC 23 1937
J. P. Brudeck
Local Registrar.

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.

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STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

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