

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9091**
Registrar's No. **2574**

Registration District No. **701** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2314 S. 2nd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Anna Bockskopf**

8. (b) If veteran, name war _____ no
8. (c) Social Security No. **NO**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Joseph Bockskopf** 6. (c) Age of husband or wife if alive **82** years

7. Birth date of deceased **March 31, 1864**
(Month) (Day) (Year)

8. AGE: Years **75** Months **11** Days **16** If less than one day hr. _____ min. _____

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Frank Zister**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Don't know**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph Bockskopf**
(b) Address **2314 S. 2nd St.**

17. (a) **Burial** (b) Date thereof **3/19/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **S.S. Peter and Paul C.**

18. (a) Signature of funeral director **Weick Bros. Und Co.**
(b) Address **2201 S. Grand Bl.**

19. (a) **MAR 18 1940** (b) *J. Bockskopf* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **23**
(If outside city or town limits, write "RURAL")
(d) Street No. **2314 S. 2nd St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16**
year **1940** hour **6** minute **0** A. M.

21. I hereby certify that I attended the deceased from **March 7⁵** 19**39** to **Mar 16** 19**40**
that I last saw her alive on **March 15** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma**
involving lungs & skin
(metastasis) (Gastric) Duration **15 months**

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma in situ of**
stomach
Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. S. Saurbrey** (M. D. or other) _____
Address **3758 Lafayette** Date signed **3-18-40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Danny A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.)

If this body is not embalmed, above space should be left blank.