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

SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH: *Graham Paper Co*
 (a) County *10th St Louis*
 (b) City or town *St Louis*
 (c) Name of hospital or institution:
 (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 **JOSEPH H. BOCKRATH**

3. (b) If veteran, name war *NO* 3. (c) Social Security No. *488-16-8322*

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *married*
 6. (b) Name of husband or wife *Anna F. Bockrath* 6. (c) Age of husband or wife if alive *70* years
 7. Birth date of deceased *Nov 29, 1864*
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>76</i>	<i>8</i>	<i>24</i>	hr. min.

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

10. Usual occupation *Shipping Clerk*

11. Industry or business *Paper Co.*

MOTHER FATHER
 12. Name *unknown*
 13. Birthplace *unknown*
 (City, town, or county) (State or foreign country)
 14. Maiden name *unknown*
 15. Birthplace *unknown*
 (City, town, or county) (State or foreign country)

16. (a) Informant *Anna F. Bockrath*
(b) Address *7572 Comfort*

17. (a) *Burial* (b) Date thereof *Aug 26, 1941*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Calvary Cemetery*

18. (c) Signature of funeral director *M. J. Proghen*

(b) Address *7146 Manchester Ave.*

19. (a) **AUG 25 1941** (b) *J. F. Bredt*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Missouri* (b) County *St Louis 96*
 (c) City or town *Maplewood* (if outside city or town limits, write "RURAL") *NR 3*
 (d) Street No. *7572 Comfort Ave* (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *August* day *23* year *1941* hour *6* minute *50 A.M.*

21. I hereby certify that I attended the deceased from *July 17*, 19*41* to *August 23*, 19*41*; that I last saw *him* alive on *August 16*, 19*41*; and that death occurred on the date and hour stated above.

Immediate cause of death *Coronary Sclerosis*

Due to *age etc*
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration
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 *Vincent Hornsund* (M. D. or other) *MD*
Address *3101 1/2 Sutton Ave* Date signed *8-25-41*
Maplewood, Mo

STATE OF MISSISSIPPI

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.....

Francis A. Williamson

Licensed Embalmer No. *3565*

P. O. Address *7146 Manchester*

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, fact should be so stated above.