

FILED MAY 19 1942 791
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3447 Itaska /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, 000
(If outside city or town limits, write "RURAL") 15 12
(d) Street No. 3447 Itaska 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Olga Bochert

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Louis Bochert 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased November 8th 1891
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name August Birkmann

13. Birthplace Gerald Missouri
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace Unknown G
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Bochert

(b) Address 3447 Itaska

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Reiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAY 9 1942 (Date received local registration) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1942 hour _____ minute 1:30 P. M.

21. I hereby certify that I attended the deceased from 1-15-41 to 5-7-42
that I last saw her alive on 5-7-42 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum Duration 27 years
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Rectum Of operations _____ 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 D
23. Signature J. F. Brudeck (M. D. or other) _____
Address 395 S. Grand St. Date signed 5/8/42

Dr. R. Hofmeister
3958 So. Grand
(Grand & Orange)
1-3

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.....

Felix J. Krupin

Licensed Embalmer No.....

3497

P. O. Address.....

1936 St. Louis

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.