

FILED OCT 27 1943 318

State File No. _____
Registrar's No. 9166

Registration District No. _____ 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:
4020 Castleman Ave. /
(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 Henry Rockel
(b) If veteran, name war None
(c) Social Security No. 486-12-9283

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Amelia Rockel
(c) Age of husband or wife if alive 61 years
7. Birth date of deceased Jan. 12th 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>4</u>	hr. _____ min.

9. Birthplace Balcer Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher American 79 es.

11. Industry or business _____
12. Name Andreas Rockel
13. Birthplace Russia 6
(City, town, or county) (State or foreign country)
14. Maiden name Marie Kleine
15. Birthplace Russia 6
(City, town, or county) (State or foreign country)

16. (a) Informant Amelia Rockel
(b) Address 4020 Castleman Ave.

17. (a) Burial (b) Date thereof 10-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 18 1943 (b) J. P. Oberdick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4020 Castleman Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 16th
year 1943 hour 9:30 minute A.M. M.
21. I hereby certify that I attended the deceased from June 15, 1943 to Oct 16, 1943
that I last saw him alive on Oct 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Esophagus
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

23. Signature H. A. Lehlemeyer (M. D. or other) M.D.
Address 1500 E. Grand Date signed 10-19-43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Dr. H.A. Unlmeyer
1511 E. Grand 9-10 A.M.

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 *Edwin D. Wallquist*

Licensed Embalmer No. *30254*

P. O. Address.....

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.