S. No. 2
OM—5-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35673

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10375

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Three days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1721
(d) Street No. 2226 Olive Str.
(If rural, give location)
(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry J. Bockelmann

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 29, 1874 (Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 4 If less than one day hr. min.

9. Birthplace St. Louis, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Retired Clerk
11. Industry or business

FATHER
12. Name Bernard Bockelmann
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Meyer
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Bockelmann
(b) Address 3928A Dover Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cem
18. (a) Signature of funeral director Bromschwig Und. Co.
(b) Address 4746 West Florissant
19. (a) DEC 5 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd year 1944 hour 2 45 minute 45 A. M.
21. I hereby certify that I attended the deceased from Nov. 30th, 1944, to Dec. 3rd, 1944 that I last saw him alive on Dec. 2nd, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic Grip. Arterio Sclerosis

Due to Grip

Due to Arterio Sclerosis

Other conditions 93d
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Oliver Rosegren 0 (M. D. or other)
Address 1330a Franklin ave. Date signed 12-4-44

(Licensed Embalmer's Statement on Reverse Side)

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 G. W. Wilkinson

Licensed Embalmer No. 357

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.