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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

34948  
State File No. \_\_\_\_\_  
Registrar's No. 9179

Registration District No. 318 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Anthony's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hour  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Bockstette  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex female / 5. Color or race white  
6. (a) Single, widowed, married, divorced, widow  
6. (b) Name of husband or wife John H. W. Bockstette  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April 27 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 5 28 hr. min.

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

10. Usual occupation at home  
11. Industry or business none

12. Name Julius Lax  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Goebel  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry A. Muehling  
(b) Address 1224 Laclede Station Road

17. (a) Burial (b) Date thereof Oct-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director A. Klein R.O. Co.  
(b) Address 2707 N Grand Boulevard

19. (a) OCT 28 1946 (b) J. F. Bredece  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 96  
(c) City or town University City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8024 Delmar lv'd NR 5  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25  
year 1946 hour 10 minute 20 a M.

21. I hereby certify that I attended the deceased from October 23<sup>rd</sup> 1946 to October 25<sup>th</sup> 1946  
that I last saw her alive on October 25<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Occlusion 2 days.  
Due to Infarction Left Ventricle 2 1/2 days.  
Heart -

Other conditions. 94  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Blood clot left Ventricle. Heart -

Duration  
2 days.  
2 1/2 days.  
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? 0

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Albert Beisbarth (M. D. or other) MD  
Address 3606 G. Jarvis Ad Date signed 10/26-46

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

OS 25

**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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis, Mo.

**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.**