FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 24 1948
Registration District No. 52

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3009

State File No. 25686
Registrar's No. 70

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 124 Bast St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau
(c) City or town Jackson 16
(If outside city or town limits, write "RURAL")
(d) Street No. 124 S Bast St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country 0

3. (a) PRINT FULL NAME LENA BOCK SCHLEGEL
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FE 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Alvin G Schegel
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased July (Month) 7 (Day) 1912 (Year)

8. AGE: Years 36 Months 1 Days 12 If less than one day hr. min.
9. Birthplace Cape Girardeau Co Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Shoe Worker
11. Industry or business INTERNational
FATHER
12. Name August Bock
13. Birthplace Cape Girardeau Co. Mo
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Minnie Ristig
15. Birthplace Cape Girardeau Co. Mo
(City, town, or county) (State or foreign country)
16. (a) Informant Alvin Bock 0
(b) Address RFD Jackson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Russell Heights
18. (a) Signature of funeral director S C Cravatt
(b) Address Jackson, Mo
19. (a) 8-21-48 (Date received local registrar) (b) D. G. Seibert (Registrar's signature) 45

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 19
year 1948 hour 10 minute 30 A. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot Wound — Duration
Due to Self inflicted with a 12 gauge double barrel
~~Due to~~ Shot gun
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Aug 19, 1948
(c) Where did injury occur? Jackson (City or town) Cape (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at her home - 124 S. Bast St. (Specify type of place)
While at work? No (e) Means of injury Shot gun
23. Signature Dr. J. F. Sigmund Coroner (M. D. or other)
Address Jackson, Mo. Date signed 8/21/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 848-106

Date Filed 8-23-48

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 Steve C. Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.