

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3267

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 7725 Weston Place	

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle)	c. (Last) Bockstaller	4. DATE OF DEATH (Month) (Day) (Year)
				Jan. 27, 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 13, 1892	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 14	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
-------------	------------------------	----------------------------------------------------------------	---------------------------------	------------------------------------	--------------------------	-------------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Or his kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---------------------------------------------------------------------------------------------------------	-----------------------------------	----------------------------------------------------------------------	----------------------------------

13a. FATHER'S NAME Henry Bockstaller	13b. MOTHER'S MAIDEN NAME Bessie McClarin	14. NAME OF HUSBAND OR WIFE Grace Helen Westerman
--------------------------------------	-------------------------------------------	---------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) World War I	16. SOCIAL SECURITY NO. 494-03-8876	17. INFORMANT'S SIGNATURE OR NAME Grace H. Bockstaller, 7725 Weston Pl.	ADDRESS
-----------------------------------------------------------------------	----------------------------------------------------	-------------------------------------	-------------------------------------------------------------------------	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Urethral deficiency</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of urinary bladder 7-1948</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 2-19-49	19b. MAJOR FINDINGS OF OPERATION Carcinoma of urinary bladder	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
--------------------------------	---------------------------------------------------------------	----------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1950, to 1/27, 1951, that I last saw the deceased alive on 1/27, 1951, and that death occurred at 2:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>London Board</u> (Degree or title) MD	23b. ADDRESS 812 Olive St., St. Louis 1, Mo.	23c. DATE SIGNED
---------------------------------------------------------	----------------------------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/30/51	24c. NAME OF CEMETERY OR CREMATORY National Cemetery, J. P. M. Jefferson Barracks, Missouri	24d. LOCATION (City, town, or county) (State)
--------------------------------------------------	-------------------	---------------------------------------------------------------------------------------------	-----------------------------------------------

DATE REC'D BY LOCAL REG. 1-30-51	REGISTRAR'S SIGNATURE <u>Herbert L. Danke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u>	ADDRESS 6633 Clayton Road
----------------------------------	--------------------------------------------------	------------------------------------------------------------	---------------------------

RWR (Licensed Embalmer's Statement on Reverse Side)

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

005
0

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Robert J. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 1994

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.