

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 17 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1247

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) PINE LAWN	c. LENGTH OF STAY (In this place) 5 YRS	c. CITY (If outside corporate limits, write RURAL and give township) PINE LAWN 4161	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2527 ARDEN AVE		d. STREET ADDRESS (If rural, give location) 2527 ARDEN AVE	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) JUDITH	b. (Middle) MARIE	c. (Last) BOCKERSTETTE	(Month) MAY	(Day) 9	(Year) 1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 2/5/1947	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LAMBERT BOCKERSTETTE	13b. MOTHER'S MAIDEN NAME FRANCES EPSER	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME LAMBERT BOCKERSTETTE	ADDRESS 2527 ARDEN AVE
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute poliomyelitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	19b. MAJOR FINDINGS OF OPERATION	0803	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from May 8 ¹⁹52, to May 9, 1952, that I last saw the deceased alive on May 8, 1952, and that death occurred at 5:30 a.m. from the causes and on the date stated above.

23a. SIGNATURE <i>Walter Keimick, M.D.</i>	(Degree or title)	23b. ADDRESS 4807 Natural Bridge	23c. DATE SIGNED 5/10/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/12/52	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
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DATE REC'D BY LOCAL REG. 5-10-52	REGISTRAR'S SIGNATURE <i>Herbert R. Dombke</i>	25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL	ADDRESS 4600 NATURAL BRIDGE AVE
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SW (Licensed Embalmer's Statement on Reverse Side)

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

Albert Modfield
St. Louis, Mo.

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.....

Albert Modfield

Signed.....
Student Embalmer

Licensed Embalmer No. *3077*

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.