

THE DIVISION OF HEALTH AND STATISTICS
STANDARD CERTIFICATE OF DEATH

19882

State File No. _____

FILED JUN 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>148</u>	
1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SOLE LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. LENGTH OF STAY (In this place) <u>2 WEEKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WELLSTON</u>		4161	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>6615 CURTIS PLACE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>BOCKWINKEL</u> c. (Last) <u>BOCKWINKEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 21, 1952</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>SEPT. 11, 1886</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPERVISOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CENTURY ELEC. CO.</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE BOCKWINKEL</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE LAKEBRINK</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-2851501</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANK BOCKWINKEL ST. LOUIS, MO.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of the Recto Sigmoid c</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Retardation</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		154X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 <u>2-12-1952</u> to <u>6-21-1952</u> , that I last saw the deceased live on <u>6-20-1952</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. A. Oszman M.D.</u> (Degree or title)				23b. ADDRESS <u>Jeff. City - Mo.</u>		23c. DATE SIGNED <u>6-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 24, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>June 21-1952</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulle</u>		ADDRESS <u>J.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Sebastian Dele

Licensed Embalmer No. 4321

P. O. Address Jefferson City 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.