

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24274

State File No.

FILED AUG 2 - 1954

Registrar's No. **6852**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | | | | | |
|--|----------------------------------|--|---|--|--|----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital | | e. STREET ADDRESS (If rural, give location) Lafayette Hotel 803 Chestnut | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CLEMENS b. (Middle) c. (Last) BOCKHOFF | | | 4. DATE OF DEATH (Month) (Day) (Year) July 20 1954 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH Dec. 16, 1904 | 9. AGE (In years last birthday) 49 | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver-Lueking Trucking Co. | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> St. Louis, Mo. | | | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Frank Bockhoff | | 13b. MOTHER'S MAIDEN NAME Marie Remer | | | |
| 14. NAME OF HUSBAND OR WIFE Stella Bockhoff | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | | | |
| 17. INFORMANT'S SIGNATURE OR NAME Catherine Zimmer | | 18. ADDRESS 9327 Evandale Dr. | | | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heat Exhaustion 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 Accident | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT (Specify) Accident | | 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) m. | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? @ 000 E9319 | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:01 p. m. , from the causes and on the date stated above. 46 | | | | | | | |
| 23a. SIGNATURE Patrick E. Taylor | | (Name or title) | | 23b. ADDRESS 1300 Clark | | | |
| 23c. DATE SIGNED 7-29-54 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE July 24, 1954 | | | |
| 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | | | | |
| DATE REC'D BY LOCAL REG. JUL 23 1954 | | REGISTRAR'S SIGNATURE J. Earl Smith, MD | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | | | |
| | | ADDRESS 4228 S. Kingshighway Bl. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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No. 300
10-48

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard W. Storey*.....

Licensed Embalmer No. *490*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.