

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

42196
State File No. 10697
Registrar's No.

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 MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS, | | 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 2707 CASS AVE | | e. STREET ADDRESS (If rural, give location) 20 2707 CASS AVE 0 | |

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|---|---------------------------|---|--|---|----------------------|--|----------------------|
| 3. NAME OF DECEASED (Type or Print) HENRY BOCKERSTETTE | | | 4. DATE OF DEATH (Month) (Day) (Year) 11/21/54 | | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) CINCINNATI OHIO | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME UNKNOWN | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE KATHERINE BOCKERSTETTE | |
| 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. # 492-10-65411a | | 17. INFORMANT'S SIGNATURE OR NAME DORETTA RANKEY 2707 CASS AVE | |

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|---|--|---|--|--|----------------------------------|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary atherosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) 200-60 | | | INTERVAL BETWEEN ONSET AND DEATH |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION None | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None | | 21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE WORKING <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? None | |

22. I hereby certify that I attended the deceased from July 6, 1954, to Nov 21, 1954, that I last saw the deceased alive on 11/21-54, 1954, and that death occurred at 7 P. m., from the causes and on the date stated above.

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|---|--|-----------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) J. H. Hamann M.D. | | 23b. ADDRESS 2739 N Grand Lemo | | 23c. DATE SIGNED 11/23-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 11/21/54 | | 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY | |
| | | | | 24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI | |

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|---|--|--|--|--|--|------------------------------------|--|
| DATE REC'D BY LOCAL REG. NOV 23 1954 | | REGISTRAR'S SIGNATURE Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL | | ADDRESS 4600 NATURAL BRIDGE AVE | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *J Wm B Embler*.....
Licensed Embalmer No. *(3)*
P. O. Address *St Louis 9*.....

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.