

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-029565

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2041

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1962

1. PLACE OF DEATH
 a. COUNTY **St. Louis**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Richmond Heights** Length of stay in 1b **10 days**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Mary's Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **St. Louis**
 c. CITY OR TOWN **Brentwood** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **2010 Urban Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **ANNA** Middle **MARIE** Last **ROCKEL** 4. DATE OF DEATH Month **July** Day **9** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Oct. 30/87** 9. AGE (last birthday) **74** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At. Home** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Phillip Sauer** 13b. MOTHER'S MAIDEN NAME **Christina Langley** 14. NAME OF HUSBAND OR WIFE **Jacob Hockel**

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. [redacted] 17. INFORMANT Address **Mo. Mrs. Frieda Suarez, 2010 Urban, Brentwood**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cerebral thrombosis with left hemiplegia** INTERVAL BETWEEN ONSET AND DEATH **3 days**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic heart disease with auricular fibrillation** **3 days**
 DUE TO (c) **Arteriosclerosis general** **15 yrs.**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Carcinoma of cervix uteri with metastases** PART III. If deceased was female - was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Dec. 19, 1960** to **July 9, 1962** and last saw her alive on **July 9, 1962**
 Death occurred at **2:15 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Ch. Bockelman M.D.** 22b. ADDRESS **2615 Brentwood Blvd.** 22c. DATE SIGNED **7/11/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **7/12/62** 23c. NAME OF CEMETERY OR CREMATORY **Park Lawn Cemetery** 23d. LOCATION (City, town, or county) (State) **Sappington, Mo.**

24. FUNERAL DIRECTOR **Louis H. Bopp, Inc., Kirkwood, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **7-11-62** 26. REGISTRAR'S SIGNATURE **John M. Murphy**

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK
 OR
 TYPEWRITER RIBBON

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 Francis J. Wylonski

Licensed Embalmer No. 4512

P. O. Address Richmond, Va.

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.