

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

32384

**1. PLACE OF DEATH**

County..... Registration District No. **781**  
 Township..... Primary Registration District No. **1003** File No. **9481**  
 City **St. Louis** (In **Missouri**) **Baptist Hospital** (Ward)

**2. FULL NAME**

**Henry H. Obrock**  
 (a) Residence, No. **5835 Spalding Ave. St.** Ward. **6**  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Widower

**6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** **Charlotte Obrock (nee Pfluger)**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **Apr. 12, 1899**

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**70 5 10**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Merchandise Clerk**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)** **St. Louis**  
 (STATE OR COUNTRY)

**10. NAME OF FATHER** **Charles Obrock**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** **Germany**  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** **Dunstun**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** **Germany**  
 (STATE OR COUNTRY)

**14. INFORMANT** **Arthur Obrock**  
 (Address) **5835 Spalding Ave**

**15. FILED** **Max C. Johnson** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Sept. 22, 1929**

**17. I HEREBY CERTIFY, That I attended deceased from July 18, '29 to Sept. 22, 1929 that I last saw him alive on Sept. 22, 1929, and that death occurred, on the date stated above, at 10:30 A. m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
**Carcinoma of Stomach.**

**CONTRIBUTORY (SECONDARY)** **44** (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**1 DID AN OPERATION PRECEDE DEATH.** Yes DATE OF **Aug 10 '29**  
**WAS THERE AN AUTOPSY?** No

**WHAT TEST CONFIRMED DIAGNOSIS?** **X-Ray of Operation**  
 (Signed) **Paul H. Wolff** M. D.

**2822, 1929 (Address) 1508 Chemical Bldg**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **Relief Fountain** **DATE OF BURIAL** **Sept. 25, 1929**

**20. UMBERTAKER** **Math. Hermann and Son** ADDRESS **2161 E. Fair Co.**

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