REC'D FEB 10 1939

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

791

Do not use this space. 670

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 670
(c) City St. Louis Mo. (d) Street No. Barnes Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 620 Luke Brockway
(a) Residence, No. 4328 St Ferdinand St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ada Brockway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 17, 1875

7. AGE: YEARS 63 | MONTHS 11 | DAYS ~~X~~ 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Barber
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

FATHER
13. NAME: Luke Brockway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

MOTHER
15. MAIDEN NAME: Lucinda Reid
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT (ADDRESS): Ada Brockway, 4328 St. Ferdinand Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood Cem. DATE: Jan. 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Russell Undt. Co., 2732 Pine Street

20. FILED JAN 22 1939 19 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1939, to January 20, 1939
I last saw him alive on January 20, 1939. Death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1938
Post-operative peritonitis.	

Other contributory causes of importance:

Name of operation: Gastric Resection Date of 1/17/39
What test confirmed diagnosis? X ray Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Frank [illegible], M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ...

Joel Russell, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Joel Russell

Licensed Embalmer No. 2115

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.