

Registration District No. 791 Primary Registration District No. 1005

1. PLACE OF DEATH: 1  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Anthonys  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME: Emma Brouk 620  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife: Albert Brouk 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Feb. 16 1875  
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rock Creek Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Jacob Becker  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emma Brouk  
(b) Address Rock Creek Mo.

17. (a) burial (b) Date thereof 10/19/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kenneth W. Koch  
(b) Address Fenton Mo.

19. (a) OCT 18 1939 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County Jefferson  
(c) City or town Rock Creek rural (If outside city or town limits, write "RURAL") NR  
(d) Street No. Valley Park No. Route 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17  
year 1939 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from 10/13  
1939 to 10/16 1939  
that I last saw her alive on 10/16 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Cardio-vascular renal disease. ?

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death).  
Major findings: \_\_\_\_\_  
Of operations None  
Of autopsy None

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Frank D. Huck (M. D. or other) MD  
Address Fenton, Mo. Date signed 10/17/39  
While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

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

Rev. 6-17-39 1 x19511

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.

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**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~~.....

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

Signed

*Kenneth H. Lock*

Licensed Embalmer No.

*3047*

P. O. Address

*Fenton, Mo*

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