No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23136

FILED AUG 28 1941

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5488

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6107 S. Grand Blvd.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 6107 S. Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sophia Brock

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph Brock

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 7, 1864
(Month) (Day) (Year)

8. AGE: Years 77 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Christan Balkey
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Paulin Abraham
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Lammers
(b) Address 6107 S. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) JUL 2 1941 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st year 1941 hour 4 minute 40p.M.

21. I hereby certify that I attended the deceased from May 23, 1941, to July 1, 1941, that I last saw her alive on June 30, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Arterio-Sclerosis	2
Due to	
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	2

Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. Louis Schuchat (M. D. or other) MD
Address 2200 Chouteau ave Date signed 7-2-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. G. W. Schuchard
7200 Cho Av
Ev 5038

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo

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

If this body is not embalmed, fact should be so stated above.