

No. 2
-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32372
State File No. 8712
Registrar's No. 8712

FILED OCT 28 1942

318

1003

Registration District No.

Primary Registration District No.

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 911 Market St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Francis Rock

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased

Unknown

8. AGE:

Years

Months

Days

If less than one day

About

65

hr.

min.

9. Birthplace

Unknown
(City, town, or county)

(State or foreign country)

10. Usual occupation

Unknown

11. Industry or business

MOTHER FATHER

12. Name

Unknown

13. Birthplace

Unknown
(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown
(City, town, or county)

(State or foreign country)

16. (a) Informant

Ann Morrison

(b) Address

City Hospital #1

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

Oct 21 1942
(Month) (Day) (Year)

(c) Place: burial or cremation

Memorial Park

18. (a) Signature of funeral director

Peetz Brothers

(b) Address

3029 Lafayette Ave

19. (a)

OCT 21 1942
(Date received local registrar)

(b)

J. F. Brudek
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11,
year 1942 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from October 3, 1942, to October 11, 1942 that I last saw him alive on October 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac Insufficiency

Duration

Due to

Chronic Glomerulonephritis

Due to

Other conditions

(Include pregnancy within 3 months of death)

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?

While at work?

23. Signature Dorn Petersen (M. D. or other)
Address 1515 Lafayette Avenue Date signed 10/13/42

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

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 Paul J. Owens
Licensed Embalmer No. 7245
P. O. Address St Louis 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, fact should be so stated above.