

No. 2
-5-43
-17-39
X36871

FILED MAR 20 1944
Registration District No. 318

State File No.

Primary Registration District No. 1003

Registrar's No. 2388

1. PLACE OF DEATH:

(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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
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. 1919 N. Grand Bl.
(If rural, give location)

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

3. (a) PRINT FULL NAME Albert Brock

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th.
year 1944 hour 4.00 minute A. M.

4. Sex Male 5. Color or race W

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

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

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

7. Birth date of deceased April 20th, 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 6, 1944 to March 10, 1944 that I last saw him alive on March 9, 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>10</u>	hr. _____ min.

Immediate cause of death:
De generative heart disease with
Coronary atherosclerosis - Myocardial infarction

Due to _____

Due to _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Shoe Repair Man

11. Industry or business _____

Other conditions Upper respiratory infection
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER {

12. Name ? Brock

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

14. Maiden name Dont know

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Robert A. Brock

(b) Address 1919 N. Grand Bl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-44
(Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

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? _____

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Bl.

19. (a) J. F. Brudeck (Date received local registrar's certificate) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature J. F. Brudeck (M. D. or other) _____

Address 4222 W. Grand Date signed 3-10-44

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 *Robert H. Penkwood*

Licensed Embalmer No. *3553*

P. O. Address *3710 N Grand*

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.