

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24348

State File No.

6020

FILED JUL 26 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. **1003**

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 10 Days		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		10 STREET ADDRESS (If rural, give location) 4223 Peck St.	
3. NAME OF DECEASED a. (First) Robert		b. (Middle) A.	
c. (Last) Brock		4. DATE OF DEATH July 4, 1951.	
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 20, 1897
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Foreman		10b. KIND OF BUSINESS OR INDUSTRY Pullman Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Albert Brock	
13b. MOTHER'S MAIDEN NAME Ann Sharp		14. NAME OF HUSBAND OR WIFE Ida Brock	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. WW I	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Brock		ADDRESS 4223 Peck St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular disease. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Secondary--Cardiac decompensation 5-10-51 Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH don't know.		5-10-51	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR H43X	
22. I hereby certify that I attended the deceased from 5-10-51, 19__, to 7-4-51, 19__, that I last saw the deceased alive on 7-4-51, 19__, and that death occurred at 9:40p m., from the causes and on the date stated above.			
23a. SIGNATURE Walter H. Hermann (Degree or title)		23b. ADDRESS 1506 St. Louis	
23c. DATE SIGNED 7-5-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-7-51.	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 6 1951 J B Luster	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		ADDRESS 2161 E. Fair Ave.

WRITE PLAINLY--USING 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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.