

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34876**
9546

FILED NOV 8 1951

BIRTH NO. **71357-51** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **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 township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 2317 Lafayette Ave	
3. NAME OF DECEASED (Type or Print) a. (First) STEVEN	b. (Middle) DENNIS	c. (Last) BROCK	4. DATE OF DEATH (Month) (Day) (Year) OCT. 26 1951
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 10-21-1951
9. AGE (In years last birthday) 5		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Marion A. Brock		13b. MOTHER'S MAIDEN NAME Doris Suiter	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Marion Brock ADDRESS 2317 Lafayette	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia ANTECEDENT CAUSES Premature Birth DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 762.5			
22. I hereby certify that I attended the deceased from 10-21-51 , 19___, to 10-26-51 , 19___, that I last saw the deceased alive on 10-26-51 , 19___, and that death occurred at 10:45P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Clifton R. Brooks, M.D. (Degree or title)		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 10-27-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-29-51	
24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) (State) Waymo Missouri	
DATE REC'D BY LOCAL REG. OCT 29 1951		REGISTRAR'S SIGNATURE J. Carl Smith, M.D., E.P.	
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin		ADDRESS 2301 Lafayette	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer.

Signed *Norman J. Gochler*

Licensed Embalmer *Journal Direct*

P. O. Address *2301 Lafayette*

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.