

STANDARD CERTIFICATE OF DEATH

35815

State File No.

FILED NOV 2 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3534

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|---|--|--|---|--|------|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> | | c. LENGTH OF STAY (In this place) <u>hr.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill</u> | | 4631 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>139 N. Meramec Dr. Burry's Clinic</u> | | | d. STREET ADDRESS (If rural, give location) <u>911 Blossom Lane</u> | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ROY</u> c. (Last) <u>BROCK</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 27 1951</u> | | |
|---|--|--|--|--|--|

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|--------------------|-------------------------------|--|---------------------------------------|---|------------------------|-----------------------|-----------------------|----------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 3</u> | 8. DATE OF BIRTH <u>Oct. 16, 1897</u> | 9. AGE (In years last birthday) <u>54</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Min. |
|--------------------|-------------------------------|--|---------------------------------------|---|------------------------|-----------------------|-----------------------|----------------------|

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|---|--|-----------------------------------|--|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Mgn. & Owner; Brock Gift Shop.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Hamilton, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
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| 13a. FATHER'S NAME <u>William J. Brock</u> | | 13b. MOTHER'S MAIDEN NAME <u>Margaret Barth</u> | | 14. NAME OF HUSBAND OR WIFE | | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) <u>Yes WW #1</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS | | | |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Passive congestion of heart and lungs.</u> | | | | | | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Amoebic dysentery of intestinal tract.</u> | | | | | | | |
| | DUE TO (c) | | | | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|------------------------|--|----------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
|--|--|---|--|----------------------------|--|

22. I hereby certify that I attended the deceased from Sept. 10, 19 51, to Sept. 27, 19 51, that I last saw the deceased alive on 9-27 19 51, and that death occurred at 6:13 pm., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Person M. Burry D.O.</u> | | 23b. ADDRESS <u>2439 N. Meramec Clayton, Mo.</u> | | 23c. DATE SIGNED <u>10-29-51</u> | |
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| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>10-30-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u> | | |
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| DATE REC'D BY LOCAL REG. <u>10-29-51</u> | | REGISTRAR'S SIGNATURE <u>Herbert P. Tomke M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. Lupton & Sons - 7233 Delmar Blv'd.,</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-11-12

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.