

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36206**  
Registrar's No. **9618**

NOV 12 1952

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BIRTH MO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.		
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>51 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2159</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>3707 Meramec Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EARL</b>		b. (Middle) <b>H.</b>	c. (Last) <b>BROCK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 17, 1952</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 13, 1901</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months   Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>insurance -Life</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Springfield, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jacob W. Brock</b>		13b. MOTHER'S MAIDEN NAME <b>Iva D. Greenwalt</b>		14. NAME OF HUSBAND OR WIFE <b>Louise Mollenhour</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-09-5678</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Louise Brock 3707 Meramec St.</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Coroner disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Decomposed</b> <b>Chronic Rheumatism</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>  <b>7</b>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>727X</b>		
22. I hereby certify that I attended the deceased from <b>June</b> , 19 <b>17</b> , to <b>Oct</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Oct 17, 1952</b> , and that death occurred at <b>6:05 Pm.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>R. H. Smith, M.D.</b> (Degree or title)			23b. ADDRESS <b>3701 Grand Ave.</b>		23c. DATE SIGNED <b>10-18-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>Oct. 20, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairmount Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>OCT 20 1952</b>		REGISTRAR'S SIGNATURE <b>R. H. Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F.H. Inc., 1936 St. Louis Ave.</b>		

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

EXHIBITS,  
PUBLIC BUREAU  
HOURS 1-2 pm.

**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 Delix J. Krispin

Licensed Embalmer No. 3497

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.