

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 7274

FILED MAR 5 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 432

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>St. Louis</u>	b. CITY (If outside corporate limits, write RURAL and give city or town) <u>rural KOCH</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>2119</u>
c. LENGTH OF STAY (in this place) <u>1323 days</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROBERT KOCH HOSPITAL</u>			
e. STREET ADDRESS <u>4015 No. Market</u>			(If rural, give location)

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Paul</u>	b. (Middle)	c. (Last) <u>Brock</u>	(Month) <u>Feb.</u>	(Day) <u>14</u>	(Year) <u>1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-22-05</u>	9. AGE (In years last birthday) <u>48</u>	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Core Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STEEL FOUNDRY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Forest City, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Paul Brock</u>	13b. MOTHER'S MAIDEN NAME <u>Sue Turner Simms</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>335-10-5632</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Brock</u>
		ADDRESS <u>203 1/2 a Carr St.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Injury</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suicide</u>		
	11. 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"/> <u>978X</u>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOSPITAL</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural - Koch St. Louis Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 14, 1954 9:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Jumped from a third floor porch of a building at Koch Hospital.</u>

22. I hereby certify that I attended the deceased from Oct. 10, 1950, to Feb. 14, 1954, **that I last saw the deceased alive on** Feb. 14, 1954, **and that death occurred at** 9:20 P.M., **from the causes and on the date stated above.**

23a. SIGNATURE <u>Bernard Freedman, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Koch Hospital, Koch, Mo.</u>	23c. DATE SIGNED <u>Feb. 15, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-20-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-17-54</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Dombke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Metropolitan Funeral System Inc.</u>	
		ADDRESS <u>5010 Enright</u>	

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

No. 300
10.48

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.....
Signature of Student Embalmer

Signed *Paul V. Freeman*.....

Licensed Embalmer No. *468*.....

P. O. Address *4729 Har*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.