

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24311**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6676**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN East St. Louis 8/20/54	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 2147^a Gaty Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples			
3. NAME OF DECEASED a. (First) Marie (Type or Print)		b. (Middle) Brock c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) July 18, 1954			
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 17, 1926
9. AGE (In years last birthday) 28	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Olmstead, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY None	14. NAME OF HUSBAND OR WIFE Henry Brock	
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Dora Anderson	17. INFORMANT'S SIGNATURE OR NAME Henry Brock ADDRESS 2147^a Gaty Av.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
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) ANTECEDENT CAUSES DUE TO (b) Gulmonary Congestion DUE TO (c) Pregnancy			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Diabetes Mellitus			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 260x	
22. I hereby certify that I attended the deceased from 1954 , to 1954 , that I last saw the deceased alive on 7/19/54 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Henry Brock (Degree or title) 2	23b. ADDRESS 1300^a Class	23c. DATE SIGNED 7/19/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 7/19/54	24c. NAME OF CEMETERY OR CREMATORY Olmstead	24d. LOCATION (City, town, or county) (State) Olmstead, Illinois
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 20 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Marion Officer ADDRESS 2114^a Missouri Ave. St. Louis, Ill.	

(Licensed Embalmer's Statement on Reverse Side)

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 Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address. 721 N. 26th Street

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.