

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 275 13
STATE FILE NUMBER

FILED SEP 3 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 924

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O. Methods Hosp. Life		d. STREET ADDRESS (If outside, give location) 811 So. 18th	

3. NAME OF DECEASED (Type or print) John Thomas Brock (Brzowski) 4. DATE OF DEATH Aug. 21, 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Sept. 18, 1889 9. AGE (In years last birthday) 67

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. (6mo) Grocery Owner Retail 10b. KIND OF BUSINESS OR INDUSTRY Grocery Retail 11. BIRTHPLACE (City and state or country) St. Joseph, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Brzeski Brzowski 14. MOTHER'S MAIDEN NAME Rosietta Grunwald

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes W.W.# 1 16. SOCIAL SECURITY NO. 500-36-4023 17. INFORMANT Mrs Dora Brock 811 So. 18th St.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Arteriosclerotic Cardiovascular disease
DUE TO (b) ?
DUE TO (c) ?
INTERVAL BETWEEN ONSET AND DEATH Few Minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4:20 19. WAS AUTOPSY PERFORMED? YES NO 2

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-3-56 to 8-21-57 and last saw him alive on 8-5-57 Death occurred at 11:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm B. Reel (Degree or title) 22b. ADDRESS 386 No 10th St Joseph Mo 22c. DATE SIGNED 8-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8-25-57 23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

24. FUNERAL DIRECTOR ADDRESS Norman W. Eidenfaden St Joseph Mo. 25. DATE RECD. BY LOCAL REG. Aug. 26, 1957 26. REGISTRAR'S SIGNATURE Mrs Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed..... *Robert A. Yaph*

Licensed Embalmer No. 33

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, 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.