

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002778
STATE FILE NUMBER

FEB 11 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 32

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>AFTON 4818</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ALEXIAN BROTHERS HOSP</i>		d. STREET ADDRESS (If outside, give location) <i>5114 WALDO AVE.</i>	

3. NAME OF DECEASED (Type or print) First <i>LOUIS</i> Middle Last <i>BROUK</i>			4. DATE OF DEATH Month <i>JAN</i> Day <i>1</i> Year <i>1959</i>		
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5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JULY 6, 1895</i>	9. AGE (In years last birthday) <i>63</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CEMENT WORKER</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>HOUSE SPRINGS, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>ALBERT BROUK</i>	13b. MOTHER'S MAIDEN NAME <i>JENNIE KADLEC</i>	14. NAME OF HUSBAND OR WIFE <i>EDITH</i>
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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) <i>NO</i>	16. SOCIAL SECURITY NO. <i>494-05-0617</i>	17. INFORMANT <i>EDITH BROUK</i>	Address <i>5114 WALDO</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of right Lung with general Metastasis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 Mo.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____ <i>1634</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>June 12th, 1958</i> to <i>Jan. 1st, 1959</i> and last saw him alive on <i>Dec. 31st, 1958</i> Death occurred at <i>8:15A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>M. H. Walters</i> (Degree or title) <i>MD</i>	22b. ADDRESS <i>3608 S. Grand Blvd.</i>	22c. DATE SIGNED <i>1/2/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>1/5/1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>RESURRECTION CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>
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24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS</i>	ADDRESS <i>7027 GRAVOIS</i>	25. DATE RECD. BY LOCAL REG. <i>JAN 3 59</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

(H.T.)

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 *Donald Bay*

Licensed Embalmer No. *4563*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.