

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011759
STATE FILE NUMBER

NEW APR 6 1959 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 871

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berkeley		c. CITY OR TOWN Berkeley 4071	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5921 Brownleigh Ave.		d. STREET ADDRESS (If outside, give location) 5921 Brownleigh Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Roy Clayton Brock		4. DATE OF DEATH Month Day Year 3-30-59	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 13, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Worker		10b. KIND OF BUSINESS OR INDUSTRY Mesker Bros Iron	11. BIRTHPLACE (City and state or country) Wayne County, Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Delworth Brock	
13b. MOTHER'S MAIDEN NAME Rozilla Slack		14. NAME OF HUSBAND OR WIFE Mayme Whitson Brock	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 492-07-1071	17. INFORMANT Address Elmo L. Brock 5921 Brownleigh Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebrovascular insufficiency			INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic cerebrovascular renal disease with irreversible			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) decompensation & ventricular fibrillation			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE 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	
21. I attended the deceased from Aug 57 to March 30, 59 and last saw ^{her} him alive on 3/30/59 . Death occurred at 12:10 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John P. Murphy M.D.		22b. ADDRESS 111 Church St. Ferguson, Mo.	
22c. DATE SIGNED 3/31/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 4-1-59		23c. NAME OF CEMETERY OR CREMATORY Valhalla C. metory	
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		24. FUNERAL DIRECTOR ADDRESS White-Mullen 118 N. Florissant Rd.	
25. DATE RECD. BY LOCAL REG. 3-31-59		26. REGISTRAR'S SIGNATURE John P. Murphy, M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Health, Welfare Public Service
300
1-57
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 self....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Reinhold P. Lohmann.....

Licensed Embalmer No. 3395.....

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.