

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No. **15004**

Township.....

Primary Registration District No. **1005**

Registered No. **3920**

City **St. Louis, Mo.** (No.) **City Hospital** (St. Ward)

2. FULL NAME

PEARL BROCK

(a) Residence, No. **510 Waterloo St.** **12** Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE MARRIED, WIDOWED OR DIVORCED **Single**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4-8-1928**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from **March 28**, 19**28**, to **April 8**, 19**28**.
that I last saw h. **alive** on **April 8**, 19**28**, and that death occurred, on the date stated above, at **7:20 a.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **August 31, 1907**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
20 **7** **08**

Chronic Pulmonary Tuberculosis
33M

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Seamstress**
(b) General nature of industry, business, or establishment in which employed (or employer) **arcade**
(c) Name of employer

CONTRIBUTORY (SECONDARY) **31**

9. BIRTHPLACE (CITY OR TOWN) **Industrious, Mo.** (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED

10. NAME OF FATHER **Pearl Brock**

IF NOT AT PLACE OF DEATH.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **MO** (STATE OR COUNTRY)

18. (Did an operation precede death)..... DATE OF.....

12. MAIDEN NAME **Marie Anderson**

18. WAS THERE AN AUTOPSY.....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **MO** (STATE OR COUNTRY)

18. WHAT TEST CONFIRMED DIAGNOSIS

14. INFORMANT **Viola Shaggs** (Address) **2330 Nebraska**

(Signed) **Henry C. Westerman**, M. D.

15. **APR -9 1928** FILED **Max C. Stanley** REGISTRAR

4/8, 1928 (Address) **City, Mo.**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Industrious MO** DATE OF BURIAL **4-9 1928**

20. UNDERTAKER **CH Webb** ADDRESS **Industrious MO**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10 pages