

WHITE 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.

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

Do not use this space.

APR 9 1935

1. PLACE OF DEATH

County St. Louis

Registration District No. 791
1003

File No. 11303

Township St. Louis

Primary Registration District No. St. Louis #1

Registered No. 2961

City 20242 (No. City)

St. St. Louis Ward #1

2. FULL NAME

(a) Residence, No. 1909 Arsenal St. St. Louis Ward 4
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 24 mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 3/17 to 3/28, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1864

I last saw him alive on 3/28, 1935. Death is said to have occurred on the date stated above, at 9:15 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or mts. 70 10 26

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed
10. Date deceased last worked at this occupation (month and year)

Benign Hypertrophy prostate
Arteriosclerosis
137

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Means Mo

Other contributory causes of importance:
Catarahal Eye, nephritis
non calculus

FATHER 13. NAME Fred M. Brock

Name of operation Transurethral Resect Date of 4/15/35

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

MOTHER 15. MAIDEN NAME Robinson

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) St. Louis City

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE March 30 1935

Manner of injury _____ Nature of injury _____

19. UNDERTAKER (ADDRESS) Ziegenhain, Bro.
223 Chester St.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

20. FILED APR 30 1935 J. T. Brebeck Registrar.

(Signed) St. Louis, M. D.
(Address) City St. Louis #1

