NOV 9 1935

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

Township ..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hospital St. ..... Ward)

File No. 31420

Registered No. 8267

2. FULL NAME Henry V. Rock

(a) Residence, No. 1059 Tuxedo Bl St., N.R. Ward. Webster Groves Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE, MARRIED, WIDOWED, OR~~ DIVORCED (~~write the word~~): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 1901

7. AGE: Years 33 Months 10 Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Peter A. Rock

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

MOTHER

15. MAIDEN NAME Lizzie Mundell

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

17. INFORMANT (ADDRESS) Peter A. Rock 1059 Tuxedo Bl Webster Gr. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE W. S. Peter - Pub DATE Oct 3 1935

19. UNDERTAKER (ADDRESS) Mullen Und Co. 5165 Delmar Blvd

20. FILED OCT - 2 1935, 19 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from June-15, 1935, to Sept. 30, 1935

I last saw him alive on Sept. 30, 1935. Death is said to have occurred on the date stated above, at 9 30 A m.

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

	Date of onset
Carcinoma of right middle ear.	Oct. 1934

53

Other contributory causes of importance:

Abscess of Brain; terminal pneumonia.

Name of operation Radical Operation for Cancer of Ear Date of 6/17/35

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

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

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

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Ellis Fischel, M. D.

(Address) 400 Metropolitan Bldg

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.

THIS IS A PERMANENT RECORD

Dr E. Fiscal [illegible]

Mu[illegible]

Je 5[illegible]

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