

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.

MAILED 12 1936

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

Do not use this space.

8450

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1803**
City **St. Louis** (No. **City Hospital**) _____ St. _____ Ward _____

File No. _____
Registered No. **2132**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **6035 Florida Ave.** St. _____ Ward **7**
(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 **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 4, 1933**

7. AGE YEARS **2** MONTHS **4** DAYS **22** If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**
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) **St. Louis Mo**
(STATE OR COUNTRY)

MOTHER FATHER
13. NAME **George B. Brock**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo**
(STATE OR COUNTRY)

15. MAIDEN NAME **Irene Marthy**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo**
(STATE OR COUNTRY)

17. INFORMANT **George B. Brock**
(ADDRESS) **Orinda Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Friedberg** DATE **Feb. 28 1936**

19. UNDERTAKER **Mark Hermann & Son**
(ADDRESS) **216 East Fair Cr.**

20. FILED **FEB 26 1936**
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 26 1936**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **5:15 A.M.**
The principal cause of death and related causes of importance were as follows:

Extensive Superficial Burns, right side body. Osteomyelitis of 2nd rib, right, caused by falling into bucket of hot water (on playground) while at play.

Other contributory causes of importance: **18!**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **2/1/36**
Where did injury occur? **St. Louis Mo**
(S. city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Home**
Manner of injury **ill advised**
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify _____
(Signed) **Sarah Debus** M. D.
(Address) **W. P. Coy**

