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

Do not use this space.

File No. 3363
Registered No. 395

FEB 8 1937

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH
County
Township
City St. Louis, Mo. (No. City Hospital No. 2, St. Ward)

96
90
1

2. FULL NAME Thomas Brock
(a) Residence, No. 4157 Easton St., Ward. 11 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Col.	Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	72	9	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil 262
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) Ala. 2

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala. 2

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala. 2

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 1/11/37, 19

19. UNDERTAKER Dement & Son
(ADDRESS) 2631 Wash St.

20. FILED JAN 11 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-3-, 1937 to 1-6-, 1937
I last saw him alive on 1-6-, 1937. Death is said to have occurred on the date stated above, at 7:20 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-3-37
93C	

Other contributory causes of importance:
Chronic Myocerditis

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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?
If so, specify
(Signed) A. L. Lewis, M. D.
(Address) 2945 Lawton Ave.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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