

FILED FEB 4 1943 318

Primary Registration District No.

1003

904

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
en route to St. Phillips 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Henry Bailey Brock
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex male 5. Color or race Black 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased abt 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt 57 hr. min.

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation retiree

11. Industry or business.....

MOTHER FATHER
12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant James J. Ferguson
(b) Address 1306 Clark

17. (a) Anatomical Board (b) Date thereof 1-25-43
(Institution, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis 1.

18. (a) Signature of funeral director W. R. White
(b) Address 3502 Ridge

19. (a) JAN 29 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 303 So 3rd St (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 9
year 1943 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Interstitial Nephritis
Due to.....
Due to.....
Other conditions..... (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place) (c) Means of injury.....
23. Signature W. H. Perry (M.D. or other)
Address St. Louis Date signed 1/25/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.