

FILED JUL 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25001

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Lincoln 0570		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bedford Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
c. LENGTH OF STAY (in this place) 30 Min		d. STREET ADDRESS (If rural, give location) 3950 Kennerly St	
d. FULL NAME OF HOSPITAL OR INSTITUTION In a River Church			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Andrew	c. (Last) Brock	4. DATE OF DEATH (Month) (Day) (Year) July 13, 1952
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH September 29, 1933	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advertising Dept.	10b. KIND OF BUSINESS OR INDUSTRY Aircraft Plant	11. BIRTHPLACE (State or foreign country) Williamsburg, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Bert Brock	13b. MOTHER'S MAIDEN NAME Bertha Burgess	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-36-6796	17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Windsor	ADDRESS 3950 Kennerly St Louis Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death due to		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Proceeding in DUE TO (c) Acute River II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9298 42		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 57	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Suicide HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mo., no. (Louis)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 13 52 2P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Helen Ellis Corn	23b. ADDRESS Mo., no.	23c. DATE SIGNED 7/13/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/14/52	24c. NAME OF CEMETERY OR CREMATORY To Ottawa, Kansas	24d. LOCATION (City, town, or county) (State) Ottawa, Kansas
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DATE REC'D BY LOCAL REG 7-16-1952	REGISTRAR'S SIGNATURE Emma B. Riddle	162	25. FUNERAL DIRECTOR'S SIGNATURE Helen Funeral Home Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-0571.50

JUL 17 1932

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, by.....

..... Student Embalmer No.

working under my personal supervision.

Signed Joseph J. Marsh.....
Licensed Embalmer No. 3932.....

Signed.....
Student Embalmer

P. O. Address Tray, Missouri.....

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.