

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36282

State File No. _____
Registrar's No. **9330**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 86 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 4251 N. 21st Street
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital			d. STREET ADDRESS (If rural, give location) 4251 N. 21st Street		
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Dabrock c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 19, 1867	9. AGE (In years last birthday) 85	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State of Foreign Country) Unknown Germany	12. CITIZEN OF WHAT COUNTRY U. S.		
13a. FATHER'S NAME Peter Bockermann		13b. MOTHER'S MAIDEN NAME Henrietta	14. NAME OF HUSBAND OR WIFE Wm. Dabrock	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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Dabrock 4251 N. 21st St.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of right femur. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. O.K. in Leg Leg in Leg Leg in Leg Leg in Leg				INTERVAL BETWEEN ONSET AND DEATH 1 day 10 days
19a. DATE OF OPERATION Oct. 6 1952	19b. MAJOR FINDINGS OF OPERATION Fracture hip comminuted			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 2, 1952 4 -		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Slipped on floor E9030				
22. I hereby certify that I attended the deceased from Oct 2, 1952 , to Oct 8, 1952 , that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 p.m. , from the causes and on the date stated above. 20					
23a. SIGNATURE (Degree or title) John B. Brown M.D.			23b. ADDRESS 8209 1/2 Broadway		23c. DATE SIGNED Oct 9-52
24. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 11, 1952	24c. NAME OF CEMETERY OR CREMATORY Zions Cemetery	24d. LOCATION (City, town or county) (State) Wallston, St. L. County, Mo.		
DATE REC'D BY LOCAL REG. OCT 9 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Suedmeyer & Sons 3934 N. 20th St.		

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

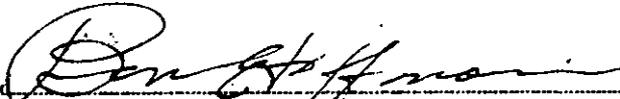
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 4366

P. O. Address Stam, Mo

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.