THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23415

BIRTH NO. FILED JUL 8 - 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1719

1. PLACE OF DEATH
a. COUNTY: ST Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston
c. LENGTH OF STAY (in this place): Ab 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6303 Chatham

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 4301 Wellston
d. STREET ADDRESS (If rural, give location): 6303 Chatham

3. NAME OF DECEASED (Type or Print)
a. (First): Claude
b. (Middle): C.
c. (Last): Rock.

4. DATE OF DEATH (Month) (Day) (Year): 6 20 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-27-1882
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Radio
11. BIRTHPLACE (State or foreign country): St Louis, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Westley Rock
13b. MOTHER'S MAIDEN NAME: Margaret Read
14. NAME OF HUSBAND OR WIFE: Henrietta J. Rock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 488-05-9461
17. INFORMANT'S SIGNATURE OR NAME: Henrietta J. Rock. ADDRESS: 6303 Chatham

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of rectum
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 154X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/16, 1953, *to* 6/20, 1953, *that I last saw the deceased alive on* 6/16, 1953, *and that death occurred at* 4 30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. F. Bergman M.D.
23b. ADDRESS: 3720 Washington
23c. DATE SIGNED: 6/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 6-23-53
24c. NAME OF CEMETERY OR CREMATORY: Valhalla
24d. LOCATION (City, town, or county) (State): St Louis County Mo

DATE REC'D BY LOCAL REG.: 6-22-53
REGISTRAR'S SIGNATURE: Hubert R. Donle
25. FUNERAL DIRECTOR'S SIGNATURE: Kron L & U Co. ADDRESS: 2707 N. Grand

P.T. (Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed V E Morris

Signed.....
Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St Louis M

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

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