

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28265**

FILED SEP 6 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **7798**

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7798			
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. LENGTH OF STAY (In this place) 65 YRS		e. STREET ADDRESS (If rural, give location) 6257 KINSEY PL.		2019					
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL									
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle) F.		c. (Last) DABROCK		4. DATE OF DEATH (Month) (Day) (Year) AUG. 20. 1956			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH OCT. 29. 1890			
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WATCHMANN		10b. KIND OF BUSINESS OR INDUSTRY WIRE CO.		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO			
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm DABROCK		13b. MOTHER'S MAIDEN NAME MARY BOCKERMANN			
13a. FATHER'S NAME Wm DABROCK		13b. MOTHER'S MAIDEN NAME MARY BOCKERMANN		14. NAME OF HUSBAND OR WIFE NEVER MARRIED					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WORLD WAR #1 489-09-111		17. INFORMANT'S SIGNATURE OR NAME OSCAR DABROCK		ADDRESS 6257 KINSEY PLACE			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 4 yr	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Ca. of cancer		153x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from July , 1936, to Aug 20 , 1956, that I last saw the deceased alive on Aug 20 , 1956, and that death occurred at 3:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE J. Paul Smith M.D. (Degree or title)				23b. ADDRESS 4110 W. E. Boulevard		23c. DATE SIGNED 8-20-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8/22/56		24c. NAME OF CEMETERY OR CREMATORY ZION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO			
DATE REC'D BY LOCAL REG. AUG 22 1956		REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wendy Meyer & Sons ADDRESS 3924 N. 20 ST					

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.....
Signature of Student Embalmer

Signed.....

Gustav W. Dietrich

Licensed Embalmer No. 432

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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