

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046119

STATE FILE NUMBER

1003

Registrar's No. 12432

FILED JAN 12 1959

Registration District No.

31E

Primary Registration District No.

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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, give TOWNSHIP only) OR TOWN SR. LOUIS, MO.		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 HOSPITAL OR ST. LOUIS CITY HOSP. #1.		d. STREET ADDRESS (If outside, give location) 4812 W. Pine	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST FRED HERMAN O' BROCK		4. DATE OF DEATH Month Day Year DEC. 22, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 24, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Orderly		10b. KIND OF BUSINESS OR INDUSTRY Hospital	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Herman O'Brock		13b. MOTHER'S MAIDEN NAME Mary Herman	14. NAME OF HUSBAND OR WIFE Hilda
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. 487-22-6656	17. INFORMANT Address Miss Ruth Staats, 4149 Shreve Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>carcinoma of the lung</i> DUE TO (b) <i>generalized arteriosclerosis</i> DUE TO (c) <i>163X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>status post operative above knee amputation left</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of form 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <i>11/18/58</i> , to <i>12/22/58</i> and last saw ^{her} him alive on <i>12/22/58</i> Death occurred at <i>11:15 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Rhys O. Williams, M.D.</i>		22b. ADDRESS 1515 LAFAYETTE AVE.	
22c. DATE SIGNED 12/22/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-24-58	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	23d. LOCATION (City, town, or county) (State) Sr. Louis Co., Mo.
24. FUNERAL DIRECTOR ADDRESS Pitman Funeral Home, Wentzville, Mo.		25. DATE RECD. BY LOCAL REG. DEC 23 58	26. REGISTRAR'S SIGNATURE <i>Paul Smith MD</i> mfb

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

J. W. Benken

Licensed Embalmer No. *3653*

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.