

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**35815**

**FILED NOV 2 1951**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3534

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Clayton</u> ) c. LENGTH OF STAY (In this place) <u>hr.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill</u> <u>4631</u> d. STREET ADDRESS (If rural, give location) <u>911 Blossom Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>139 N. Meramec Dr. Burry's Clinic</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ROY</u> c. (Last) <u>BROCK</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>October 27 1951</u>	
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>divorced 3</u>	<b>8. DATE OF BIRTH</b> <u>Oct. 16, 1897</u>	<b>9. AGE</b> (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Mgn. &amp; Owner; Brock Gift Shop.</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Hamilton, Illinois</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>William J. Brock</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margaret Barth</u>	<b>14. NAME OF HUSBAND OR WIFE</b> - - - - -
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war, or dates of service) <u>Yes WW #1</u>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Passive congestion of heart and lungs.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Amoebic dysentery of intestinal tract.</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
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<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Clayton, Mo. 9</u>	<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>10-27-51 11:30</u>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Sept. 10, 19 51, to Sept. 27, 19 51, that I last saw the deceased alive on 9-27 19 51, and that death occurred at 6:13 pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Reginald M. Burry M.D.</u>	<b>23b. ADDRESS</b> <u>2024 39 N. Meramec Clayton, Mo.</u>	<b>23c. DATE SIGNED</b> <u>10-29-51</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>10-30-51</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Lakewood Park Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>10-29-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert P. Tomke M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>R. Lupton &amp; Sons - 7233 Delmar Blv'd.,</u>
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