N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

APR 25 1936

Do not use this space. 0

13537

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township — Primary Registration District No. 6248 B — Registered No. 122

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

2. FULL NAME Charles K. BROOKS

(a) Residence, No. 112 North 3rd St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unavailable

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 20, 1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
42	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) Elkton (STATE OR COUNTRY) South Dakota

FATHER

13. NAME Frank Brooks

14. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Alice Annette

16. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Canada

17. INFORMANT M. Schulig Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE Mar 27 36

19. UNDERTAKER Bennett Niehaus
(ADDRESS) 1138 N 6 St

20. FILED March 24 1936 G Mowery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1936, to March 22, 1936

I last saw him alive on March 22, 1936 Death is said to have occurred on the date stated above, at 6:32 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, secondary to Cellulitis and Thrombophlebitis, right leg	Unkn.
Other contributory causes of importance: Terminal Bronchopneumonia	Unkn.

Name of operation Resection of varicose veins Date of 2/28/36

What test confirmed diagnosis? Clinical manifestations, x-ray and laboratory findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Hughes, M. D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.