

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

DEC 13 1937

Do not use this space.
20806

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **1919 Coleman St.** Registered No. **10883**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Margaret Brooks**

(a) Residence, No. **1919 Coleman St.** St. **II**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Charles Brooks**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unk.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 **Sept. 67** **-** **-**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

FATHER 13. NAME **James O'Neill**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

MOTHER 15. MAIDEN NAME **Mary O'Neill**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Charles H Brooks**
(ADDRESS) **3042 Marcus ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem,** DATE **Nov 26**, 19**37**

19. FUNERAL DIRECTOR **Sullivan**
(ADDRESS) **2849 N Euclid ave**

20. FILED **NOV 24 1937** **J. Bredbeck**
Local Registrar.

No Physician attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 24, 1937**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **2:05 A.M.**

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

Primary Broncho-Pneumonia

Date of onset
10/7/37

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? **Y**
If so, specify _____ (Signed) **Joseph M. Quinn** M.D.
Deputy Coroner (Address) _____

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.

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STATEMENT BY LICENSED EMBALMER

I, Fred Trick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Fred Trick
Licensed Embalmer No. 3186

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.)