

JAN 24 1938

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

46791  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1123  
 (b) Township Carondelet Primary Registration District No. 6248 F Registered No. 505  
 (c) City Mattese, Mo. (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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

ELLA BROOK  
 (a) Residence, No. Mattese, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 CHARLES L. BROOK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/10/57

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 11 19

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. 360  
 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) Brooklyn, N. Y.

FATHER 13. NAME Thomas Pentong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, Eng.

MOTHER 15. MAIDEN NAME Helen McCarthy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin, Ire.

17. INFORMANT (*ADDRESS*) Elvira B. Neman  
Mattese, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 12/30/37

19. FUNERAL DIRECTOR (*ADDRESS*) Alexander, Sons  
6175 Delmar Blvd.

20. FILED Dec 29, 1937 L. Mowry  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 15, 1935, to Dec. 29, 1937

I last saw her alive on Dec. 27, 1937. Death is said to have occurred on the date stated above, at 6:50 a.m.

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

General arteriosclerosis Date of onset \_\_\_\_\_  
Chronic myocarditis  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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? no  
 If so, specify Henry C. Westerman M. D.  
 (Signed) \_\_\_\_\_ (Address) 2136 East Grand Blvd.

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.

7160 (Printed)

STATEMENT BY LICENSED EMBALMER

I, J. Wm Binkley, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. of Ernst Altman, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. Wm Binkley  
Licensed Embalmer No. 3653

**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.)**