

FEB 12 1938

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

427
Do not use this space.

791
1003

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. 283
(c) City St Louis Mo (d) Street No. ST LOUIS CHILDREN HOSP 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 Marilyn Brooks 620

(a) Residence, No. 5428 Murdoch St. 14 (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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 22 1928
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 9 6 16
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc. Child
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 John H.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Dakota
MOTHER 15. MAIDEN NAME Helen Bollmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

17. INFORMANT (ADDRESS) R. Moore
500 S. Kings Highway
18. BURIAL, CREMATION, OR REMOVAL Spring Falls, So. Dakota DATE 1-10-1938
19. FUNERAL DIRECTOR (ADDRESS) KRIEGERSHAUSER UNIT Co
4228 S. KING HIGHWAY
20. FILED JAN 9 1938 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-30-37, 1937, to 1-8-38, 1938.

I last saw h. e. c. alive on 1-8-38, 1938. Death is said to have occurred on the date stated above, at 11:58 a m.

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

Recurrent of Brain Tumor in 3rd ventricle (apoplexiform unipolar) Bronchopneumonia Bronchitis
Other contributory causes of importance: Chalazion owing to brain tumor

Date of onset
30

Name of operation Frontal craniotomy Date of 1934
What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1938
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 of injury in any way related to occupation of deceased?
If so, specify Ralph N. Barlow, M. D.
(Signed) Ralph N. Barlow
(Address) 600 S. Kings Highway

RECORD OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. RECORDED - REV. should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Edwin D Mc Dermott

Licensed Embalmer No. _____

3024

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)