

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.

REC'D OCT 12 1938

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

31073  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003** Registered No. **8510**  
 (c) City **St. Louis.** (d) Street No. **3009A Minnesota Av.** 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

**Kenneth Brooks.**  
 (a) Residence, No. **3009A Minnesota Av.** St. **16** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 27th 1938**

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

22. I HEREBY CERTIFY, that I attended deceased from **June 17 1938**, to **Sept. 9 1938**.  
 I last saw him alive on **Sept 9 1938**. Death is said to have occurred on the date stated above, at **5.10** m. P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 8th 1930.**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**8 1 19**

Brain Tumor - Benign -  
 (Cranio-pharyngeoma - 3rd Ventricle region) 1936

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **none**  
 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

Other contributory causes of importance:  
 Name of operation **Resection of epistemic tumor** Date of **6-21-38**  
 What test confirmed diagnosis? **Biopsy** Was there an autopsy? **No**

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

FATHER 13. NAME **Maple Brooks,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri,**

MOTHER 15. MAIDEN NAME **Sadie Croft.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri,**

17. INFORMANT (ADDRESS) **Maple Brooks, 3009A Minnesota Av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cape Girardeau, Mo** DATE **Sept. 30th 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Giegenheim Bros. 2221-23 Cherokee St.**

20. FILED **SEP 28 1938** **J. Bredeck** Local Registrar.

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 (Signed) **Leonal J. Dunlop**, M. D. (Address) **University Club Bldg - St. Louis, Mo.**

**STATEMENT BY LICENSED EMBALMER**

I, Vearl E. Morris., Licensed Embalmer No. 3360.

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 V E Morris

Licensed Embalmer No. 3360.

**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.)**