

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

41464
 Do not use this space.

DECEASED JAN 11 1938

1. PLACE OF DEATH
 (a) County
 (b) Township
 (c) City St. Louis
 (e) Length of residence in city or town where death occurred 32 yrs. mos. ds.
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1003
 Primary Registration District No.
 Registered No. 11156
 (d) Street No. Homer Phillips Hosp.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Henry Brooks
 (a) Residence, No. 3566 Olive St. St. 21
 (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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24, 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>52</u>	<u>--</u>	<u>--</u>	<u>--</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter
 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) Tennessee

FATHER
 13. NAME Tas Brooks
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Sallie (Unk)
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Dimple Brooks
 (ADDRESS) 3971 a Cook Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PARK DATE 12/29 1938

19. FUNERAL DIRECTOR P. M. C. GREEN
 (ADDRESS) 3517 WACLEDGE AVE
J. B. Brudick
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24, 1938

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 12 A. m.
 The principal cause of death and related causes of importance were as follows:
Compound Fracture of Spine Traumatic
Intercranial Haemorrhage
suffered about 6:30 P.M.
 Date of onset
 Other contributory causes of importance:
Dec. 23-1938 in Restaurant at 317 N. Grand Ave when he slipped fell to floor
cause of fall could not be determined
 Name of Operating Hospital..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide. Accident Date of injury 12/23, 1938
 Where did injury occur? St. Louis Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. 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) Joseph M. Quinlan M.D.
 (Address) Asst. City Recorder

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM 7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, R. M. C. Green, Licensed Embalmer No. 1173

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, 12/24/38

..... L. E.

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

Signed R. M. C. Green

Licensed Embalmer No.

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.)