

REC'D FEB 10 1939

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

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Do not use this space.

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1. PLACE OF DEATH

- (a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City, St. Louis, Missouri. (d) Street No. 4936 Laclede Avenue. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Alice Brooks

- (a) Residence, No. 4936 Laclede Avenue. St. 12 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S.S. Brooks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 2, 1866.</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>2</u>	DAYS <u>29</u>
If LESS than 1 day,hra. ormin.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired Housewife</u>		
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)..... <u>1936</u>		11. Total time (years) spent in this occupation..... <u>68 yrs. s.</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Fulton,</u> (STATE OR COUNTRY) <u>Missouri.</u>		
13. NAME <u>Reid Pasley</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Virginia.</u>		
15. MAIDEN NAME <u>Millie Kemp</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Callaway County,</u> (STATE OR COUNTRY) <u>Missouri.</u>		
17. INFORMANT <u>Mrs. Alta Mercille</u> (ADDRESS) <u>Fulton, Missouri.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hill Crest Fulton Mo.</u> DATE <u>January 4, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Albert H. Hoppe Inc.,</u> (ADDRESS) <u>4700 Washington Blvd.</u>		
20. FILED <u>JAN 4 1939</u> <u>J. B. Brubaker</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31, 193822. I HEREBY CERTIFY, That I attended deceased from 12-2-, 1938, to 12-31, 1938I last saw her alive on 12-31, 1938 Death is saidto have occurred on the date stated above, at 5:50 P.M.

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

Senility
acute ~~retention~~ urinary
suppression, caused
by age of patient

Date of onset

Other contributory causes of importance:

acute Bronchitis (mild)Name of operation none 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?..... 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) W. M. Macoy, M. D.(Address) 4960 Laclede, St. Louis, Mo.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Albert G. Hopper*

Licensed Embalmer No. *2971*

P. O. Address.....

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.) . .

If this body is not embalmed, above space should be left blank.