

REC'D FEB 10 1939

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

978

Do not use this space.

978

## 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. City Sanitarium St. ....  
 (e) Length of residence in city or town where death occurred About 79 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alfred B. Brooks

(a) Residence, No. City Infirmary St. 13 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
About 79 - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil  
 9. Industry or business in which work was done, as saw mill, bank, etc. Nil  
 10. Date deceased last worked at this occupation (month and year) Nil 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT W. Gansloser, M.D. (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine DATE FEB. 2, 1939

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED

JAN 31 1939

J. D. Bredeh  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31-39 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 1-31-39, 19.

I last saw him alive on 1-31-39, 19. Death is said to have occurred on the date stated above, at 12:35 A.M.

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

Pyelitis, 2-28-38

non calculous

Other contributory causes of importance:  
Cystitis (non tubercular) 12-28-38

Prostatic Abscess, caused by cystitis

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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 ..... 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? 1  
 If so, specify

(Signed) W. Gansloser, M. D.

(Address) 5400 Arsenal St

**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, .....

*Frank J. Thylard Sr.*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Frank J. Thylard Sr.*

Licensed Embalmer No. *2675*

P. O. Address.....

*St Louis Mo*

**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.**