

REC'D MAY 10 1939

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

791  
100312768  
Do not use this space.

3110

## 1. PLACE OF DEATH

(a) County ..... / Registration District No. ....  
(b) Township ..... / Primary Registration District No. .... Registered No. ....  
(c) City or St. Louis, Mo. / (d) Street No. .... City Sanitarium 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 70 yrs. 18 mos. 18 da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Rosalie M. Brooks

(a) Residence, No. 3620 Humphrey St. 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

3. SEX Female 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) March 14, 1869  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 - 18  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as saw mill, bank, etc. Domestic  
10. Date deceased last worked at this occupation (month and year) 1898 11. Total time (years) spent in this occupation

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

13. NAME James Brooks  
14. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Selicker  
16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Hubert V. Smith  
5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bellefontaine DATE Apr. 4, 1939

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

20. FILED APR 8 1939 J. D. ... Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1/39 1922. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, 19, to Mar. 1, 1939, 19

I last saw her alive on Mar. 1, 1939, 19. Death is said to have occurred on the date stated above, at 5.15 P. M.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 3-31-39

Date of onset

Other contributory causes of importance:

Lympho-Sarcoma Jan 38Primary seat lymphatic system

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? .....  
If so, specify Hubert V. Smith M. D.

(Signed) Hubert V. Smith 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, or by.....

*Robert C. Wheeler*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Robert C. Wheeler*

Licensed Embalmer No.....

*2178*

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.**