

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

STATE OF MISSOURI

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

AUG 7 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26776  
State File No. \_\_\_\_\_  
Registrar's No. 1361

Registration District No. 784

Primary Registration District No. 101

1. PLACE OF DEATH: 1  
(a) County St. Louis  
(b) City or town Clayton,  
(c) Name of hospital or institution: St. Louis County Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Infant Brooks, 1-20  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 28, 1939  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 9 hr. 25 min.

9. Birthplace Clayton, Mo. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Richard Brooks,  
13. Birthplace Stoutland Mo.  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Orpha Adams,  
15. Birthplace Mincke Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Richard Brooks Mo.

(b) Address 727 Benton St. Valley Park

17. (a) Burial (b) Date thereof July 30, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director Theo Schrader

(b) Address Ballwin, Mo.

19. (a) JUL 29 1939 (b) T. R. Meyer, M.D.  
(Date received local health officer's signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Valley Park  
(If outside city or town limits, write "RURAL")  
(d) Street No. 700 Benton St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1939 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-28-39  
\_\_\_\_\_, 19\_\_\_\_, to 7-28-39, 19\_\_\_\_;  
that I last saw h./M. alive on 7-28-39, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Malaria, Menastrum  
Cephaloedema Duration 9h. 25m.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Blood in G.I. tract,  
Edema of Brain. PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James Dowd, M.D. (M. D. or other) \_\_\_\_\_

Address St. Louis County Hospital Date signed 7/29/39

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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

*Theo. Schrader*

Licensed Embalmer No.

*3066*

P. O. Address

*Bellewin, 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.**