

SEP 14 1938

791

Registration District No.

Primary Registration District No.

Registrar's No.

7540

## 1. PLACE OF DEATH:

- (a) County St. Louis <sup>2</sup>
- (b) City or town St. Louis
- (c) Name of hospital or institution: 1209 No 10th St  
(If outside city or town limits, write "RURAL" and name of township)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

## 3. (a) PRINT FULL NAME

Foetus Brooks

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex

Male

5. Color or race

Col

6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased

(Month)

(Day)

(Year)

8/10/39

8. AGE:

Years

Months

Days

If less than one day

min.

3 1/2 Autism

9. Birthplace

(City, town, or county)

(State or foreign country)

St. Louis Mo

10. Usual occupation

nil

11. Industry or business

12. Name

James Brooks

13. Birthplace

(City, town, or county)

(State or foreign country)

St. Louis Mo

14. Maiden name

BennettMiss

15. Birthplace

(City, town, or county)

(State or foreign country)

Missouri

16. (a) Informant's own signature

James Brooks

(b) Address

1209 No 10th St

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

8-16-39

(c) Place: burial or cremation

Washington

18. (a) Signature of funeral director

W. Richter

(b) Address

3500 Ruff

19. (a) AUG 31 1938

(Date received local registrar)

(b)

J. J. [Signature]

(Licensed Embalmer's Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County St. Louis <sup>1</sup>
- (c) City or town St. Louis <sup>25</sup>  
(If outside city or town limits, write "RURAL")
- (d) Street No. 1209 North  
(If rural, give location) No. 10th
- (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10  
year 1939 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Spontaneous Abortion

Due to

Still Born

Due to

Cause Unknown

Other condition

(include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 area of place)

(e) Means of injury \_\_\_\_\_

23. Signature

Joseph M. Quinn

Address

Deputy [Signature]

Date signed \_\_\_\_\_

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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.....

Licensed Embalmer No.....

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.**