

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

13541

Registrar's No.

3743

AY 15 1940

Registration District No.

791

Primary Registration District No.

1003

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Christian 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 Amos L. Brooks8. (b) If veteran,
name war No3. (c) Social Security
No. None4. Sex Male
5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife
Elizabeth Brooks6. (c) Age of husband or wife if
alive --- years7. Birth date of deceased January 24th, 1863
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
77 3 0 hr. min.9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Carpenter11. Industry or business Retired12. Name George Brooks13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Drucilla MacPeak
(City, town, or county) (State or foreign country)15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Bess M. Carr(b) Address 5205 Ashland Ave.17. (a) Burial (b) Date thereof 4-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cem.18. (a) Signature of funeral director Drehmann Herral(b) Address 1905 Union Blvd.19. (a) APR 25 1940 (b) J. F. Bredich
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 19
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4396 Laclede Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 24
year 1940 hour 8 minute 45 P. M.21. I hereby certify that I attended the deceased from april 22
1940 to april 24, 1940that I last saw him alive on april 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral apoplexy 5 daysDue to general hypertension Don't know

Due to _____

Other conditions _____
(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 type of place)
(e) Means of injury _____23. Signature R. R. Newman (M. D. or other) mh
Address 5330 Geraldine Date signed 7/25/40

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.....

Warren A. Carver

Licensed Embalmer No.....

3534

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.)

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