

DIED JUN 1 1940
Registration District No. 13404

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(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 16 days
(Specify whether
In this community 17 years
years, months or days)

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. 724 Benton Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Richard Brooks 620

3. (b) If veteran, name war No. 8. (c) Social Security No. 488-05-4455

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Orpha Adams Brooks 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Feb. 6 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 3 16 _____ hr. _____ min.

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

10. Usual occupation Machinist 4

11. Industry or business Absorbent Cotton Co. 4

MOTHER FATHER { 12. Name Marion Brooks 5
13. Birthplace Glasgow Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Tempest Iraw
15. Birthplace Richland Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Orpha Brooks
(b) Address 724 Benton, Valley Pk., Mo.

17. (a) Burial (b) Date thereof 5-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Asher Cem. St. James

18. (a) Signature of funeral director Chadler Funeral Home
(b) Address Ballwin, Mo.

19. (a) MAY 24 1940 (Date received local registrar)
R. M. D. G. H. K. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-6-40
_____ 19____, to 5-22-40, 19____;
that I last saw h. im alive on 5-22-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Ascending Transverse Myelitis
Duration _____

Due to _____
Due to 8/10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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? _____
707 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature R. M. D. G. H. K. (or other) _____
Address St. Louis Date signed 5/25/40

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

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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 Ballwin, 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.