

No. 2
11-10-39
1-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **36909**
Registrar's No. **9182**

Registration District No. _____ Primary Registration District No. _____

791

FILED DEC 11 1940

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:
4626 McKissock Ave.
(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 Mary C. Brooks

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lee Brooks 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 13, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 24 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Gates

13. Birthplace Poland
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Price

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mary C. Brooks

(b) Address 4626 McKissock Ave.

17. (a) Burial (b) Date thereof Nov. 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine Street

19. (a) NOV 8 1940 (b) J. J. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4626 McKissock Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 10, 1938 to Nov 6, 1940
that I last saw her alive on Nov 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension

Due to Discharge 131

Due to _____

Other conditions Asphyx & Heart
(Include pregnancy within 3 months of death)
No definite heart disease

Major findings Of operations
Of autopsy ✓

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 1

23. Signature R. L. Byrd (M. D. or other)
Address 4901 N. Broadway Date signed 11/7/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Joel Russell

Licensed Embalmer No.....

4112

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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