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WED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8902
State File No.
2312
Registrar's No.

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 37 years
years, months or days)

3. (a) PRINT FULL NAME

Ollie Brooks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Brooks

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased 8-31-1874
(Month) (Day) (Year)

8. AGE:

Years 66 Months 6 Days II If less than one day hr. min.

9. Birthplace:

Unknown / Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation:

House Wife

11. Industry or business:

12. Name James Brower

13. Birthplace Unknown

Unknown
(State or foreign country)

14. Maiden name Ollie Smith

15. Birthplace Unknown
(City, town, or county)

Unknown
(State or foreign country)

16. (a) Informant John Brooks

(b) Address Burial 3152 a School St

17. (a) (b) Date thereof 3/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Parsons Burial League
(b) Address 3100 Franklin Ave

19. (a) MAR 13 1941
(Date received local registrar)

(b) T. Bredak
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00021
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3152 a School St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1941 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 4, 1941 to March 11, 1941;
that I last saw her alive on March 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of the head of the Pancreas with common duct obstruction

Duration
2 months

Due to

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature Charles Allen (M. D. or other)
Address 2601 N. Whittier St. Date signed _____

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: *Henry A Goodin*

Licensed Embalmer No. *3050*

P. O. Address *4239 W Cabot*

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, fact should be so stated above: