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RECEIVED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15914

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 896

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 2/14/41
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2025 Palm Street. 9
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country B

3. (a) PRINT FULL NAME Willis G. Brooks

3. (b) If veteran, name war World War

3. (c) Social Security No. 493-07-3307

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th
year 1941 hour 4:55 minute - a. m.

4. Sex male 0 race white

5. Color or race white

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

6. (b) Name of husband or wife A. Maud

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

7. Birth date of deceased: June 13, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 14, 1941 to April 26, 1941
that I last saw him alive on April 26, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

59 10 13 hr. min.

Immediate cause of death: Hypertensive and coronary arterio-sclerotic heart disease, cardiac enlargement, myocardial damage and myocardial insufficiency.

Due to - Duration Unknown

9. Birthplace Morton, Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

Other conditions None
(Include pregnancy within 3 months of death)

Due to -

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

Major findings: Of operations -

Of autopsy Autopsy performed. See cause of death.

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

16. (a) Informant M. Schuller

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 4-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla cem.

18. (a) Signature of funeral director H. Seidner and Co.

(b) Address 1224 1/2 Bell Station Ave.

19. (a) APR 26 1941 (b) H. R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 C. W. HUGHES, M.D. (M. D. or other) 0
Address Chief Medical Officer. Date signed 4/26/41.

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.....

John P. Buchholz

Licensed Embalmer No.....

16747

P. O. Address.....

2223 Soham

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, fact should be so stated above.