No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16347

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3865

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community 1½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 2117
(If outside city or town limits, write "RURAL")

(d) Street No. 3326 Lawton 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie Brooks

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Fem 9

5. Color or race Col

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

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

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

7. Birth date of deceased May 26, 1889 (Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Lexington / Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housework at Home

11. Industry or business

FATHER
12. Name Frank McCain
13. Birthplace Jackson / Tenn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary (Unk)
15. Birthplace Jackson Tenn /
(City, town, or county) (State or foreign country)

16. (a) Informant Mae NelenPowell
(b) Address 3326 Lawton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/41 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Ave.

19. (a) MAY 7 1941 (Date received local registrar) (b) J. W. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1941 hour 10:50 minute A M.

21. I hereby certify that I attended the deceased from April 22, 1941, to May 5, 1941;
that I last saw her alive on May 5, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Luetic Heart Disease c Decompensation	8yrs
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address 2601 N Whittier Date signed 5/5/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.