

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23604

FILED AUG 28 1941

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5946

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

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

(d) Length of stay: In hospital or institution 5 Days
(Specify whether)

In this community 20 Yrs
years, months or days

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. 2611 Cole
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Louise Brooks

3. (b) If veteran, name war No

3. (c) Social Security No.....

4. Sex Female 5. Color or race Col.

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

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

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased: Dec, 5 1912
(Month) (Day) (Year)

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

28 7 11 ..hr.min.

9. Birthplace Bolivar Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business.....

MOTHER FATHER { 12. Name Dock Purtle

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

14. Maiden name Mary Murphy

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

16. (a) Informant Ada Brown

(b) Address 2801 a Gamble St

17. (a) Burial (b) Date thereof 7-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Ellis Fun, Home

(b) Address 2820 Stoddard St.

19. (a) JUL 21 1941 (b) J. H. Brooks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18

year 1941 hour 6 minute 25 M.

21. I hereby certify that I attended the deceased from July 13
....., 1941, to July 18, 1941;
that I last saw her alive on July 18, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Eclampsia Duration 108 Hrs.

Due to.....

Due to.....

Other conditions Abruptid Placenta 8 Hrs.
(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 Levin J. Goddard (M. D. or other) D

Address 2601 N. Whittier Date signed 7/18/41

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 S. Boy

....., Registered Apprentice No. my

working under my personal supervision.

Signed Lonnie Boefkin

Licensed Embalmer No. 294

P. O. Address St Louis M

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.