

FILLED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33327

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8282

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jerush Hospital
(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

HAROLD F. BROOK

3. (b) If veteran, name war None

3. (c) Social Security No. 489-10-4351

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Catherine Brook 6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased March 21st 1907
(Month) (Day) (Year)

8. AGE: Years 34 Months 6 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Highland Illinois
(City, town or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Liggett & Myers Tobacco Co.

12. Name Adolph Brook

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

14. Maiden name Elizabeth Schultze

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

16. (a) Informant Catherine Brook

(b) Address 7661 Kennell Ave

17. (a) Burial (b) Date thereof 10-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Day

18. (a) Signature of funeral director Briegleb & Mortuaries

(b) Address 4228 St. Louis Highway

19. (a) OCT 18 1941 (b) J. J. Bredet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Maplewood 96NR
(If outside city or town limits, write "RURAL")
(d) Street No. 7661 Kennell Ave
(If rural, give location)
(e) Citizen of foreign country? Yes or No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17 do
year 1941 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from 7-6 1941 to 10-16 1941;
that I last saw him alive on 10-16 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia (postoperative) Duration 7 days
Due to Pyonephrosis No Calculus 2 months

Other conditions (Include pregnancy within 3 months of death) 1530

Major findings: Of operations Right pyonephrosis PHYSICIAN _____
Of autopsy None 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) 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) (a) Means of injury _____
23. Signature Harry Cutler (M. D. or other) _____
Address 4500 Olive Date signed 10/17/41

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

22

Mr. N. Cutler
Foster Rd. 4622
Rd. 1 - 2

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 Edwin A. Smermont

Licensed Embalmer No. 3024

P. O. Address.....

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.