

No. 2  
-1-4-41  
5-17-39  
X26330  
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FILED FEB 24 1942 91

State File No.

171

Registration District No.

Primary Registration District No. 100

Registrar's No.

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

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:  
4050 Fairfax Ave.  
(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 Lizzie Brooks

3. (b) If veteran, name war. --- (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 William Brooks 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Unavailable abt. 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
abt. 70 hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Unavailable Douglas  
13. Birthplace Unavailable Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Unavailable  
15. Birthplace Unavailable  
(City, town, or county) (State or foreign country)

16. (a) Informant William Brooks  
(b) Address 4050 Fairfax Ave.

17. (a) Burial (b) Date thereof 1-7-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave. St. Louis

19. (a) 1-27-1942 (b) J.M. F. 1942  
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4050 Fairfax Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd.  
year 1942 hour 7:45 minute a. M.

21. I hereby certify that I attended the deceased from  
Oct. 12-41 1941 to January 3rd. 1942;  
that I last saw her alive on January 3rd. 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute myocarditis 2 wks.

Due to Nephritis and Hypertension 4 yrs.

Due to 12/1

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

Duration  
2 wks.  
4 yrs.  
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 Chas. J. Gates (M. D. or other)  
Address 3146a Laclede Ave. Date signed 1-3-42

**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.....

..... **James A. Johnson** ....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No..... **3522** .....

P. O. Address **4107 Finney Ave.**

**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.**