S. No. 2
—4-13-40
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I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4143

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 147?

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 19
(If outside city or town limits, write "RURAL")

(d) Street No. 4436 Enright Ave. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Fred Brooks

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Male 2

5. Color or race Negro 1

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

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

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased about 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
abt. 53			hr. min.

9. Birthplace Unavailable (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

FATHER 12. Name Preston Brooks

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

MOTHER 14. Maiden name Anna

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

16. (a) Informant Alice Brooks

(b) Address 4436 Enright Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Wm. J. Yates

(b) Address 4107 Finney Ave. St. Louis.

19. (a) FEB 17 19 (Date received local registrar) (b) J. F. Budack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14, year 1942 hour 5 minute 05 A. M.

21. I hereby certify that I attended the deceased from February 4, 1942 to February 14, 1942 that I last saw him alive on February 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Obstruction	8 days
Broncho-pneumonia	
Cerebellar Hemorrhage	
Due to	
Due to Obstruction due to mechanical adhesive band	
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

23. Signature W. E. A. Fonde (M. D. or other)

Address 2601 Whittier Date signed 2/16/42

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

Signed James A. Johnson

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.