

NOV 6 1942
 Registration District No. 184

Primary Registration District No. 161

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 hour 35 min
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
 (d) Street No. 203 North Van Buren
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Baby Girl Brooks

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 26, 1942
(Month) (Day) (Year)

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

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

10. Usual occupation Nil

11. Industry or business.....

12. Name Algie Brooks

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

14. Maiden name Dorothy Lewright

15. Birthplace Manchester, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Algie Brooks

(b) Address 203 N. Van Buren

17. (a) Cremation (b) Date thereof 10-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Crematory

18. (a) Signature of funeral director St. Louis County Hospital

(b) Date Oct 28 1942

19. (a) (Data received local registrar) (b) W. Mc...
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day October
 year 1942 hour 1:00 minute P.M.

21. I hereby certify that I attended the deceased from 10-4-42, 19, to 10-4-42, 19;
 that I last saw her alive on 10-4-42, 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Respiratory Failure Duration 1 da
Prematurity 9 da

Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death) 159

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 John B. Hattler (M. D. or other)
 Address St. Louis County Hospital Date signed 10-5-

110071.

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 with the above constitutes grounds for revocation of license.)

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