No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3361.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 90

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Dec. 21, 1942. (Specify whether
In this community since 12/21/42
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 499

(a) State Illinois (b) County 11
(c) City or town East St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 1152 Kansas Avenue
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country - 2.

3. (a) PRINT FULL NAME Ira Brooks

3. (b) If veteran, name war World War- 1918 3. (c) Social Security No. None.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced 3

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

7. Birth date of deceased March (Month) 11, (Day) 1895 (Year)

8. AGE: Years 47 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business -

FATHER
12. Name Ira Brooks
13. Birthplace (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Betty Rush
15. Birthplace (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-1943 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4202 Finney Avenue

19. (a) JAN 15 1943 (Date received local registrar) (b) E. G. McGarran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th, year 1943 hour 3:35 minute a.M.

21. I hereby certify that I attended the deceased from December 21, 1942, to January 12, 1943; that I last saw him alive on January 12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive and coronary arterio-sclerotic heart disease with cardiac enlargement, myocardial damage, and insufficiency.	Unknown
Due to -	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis, generalized.	Unkn
Hypertension, arterial.	Unkn

Major findings:
Of operations No operation.
Of autopsy No autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

94a

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? (Specify type of place)
While at work? Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer Date signed 1/13/43.

(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 William C. McDowell, Registered/Apprentice No.,

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 4202 Finney Avenue

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.