

15318

State File No.

ISSUED MAY 15 1943

Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 1108

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8501 Page Blvd.
(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 Oleva J. Brooks

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank O. Brooks 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 19, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>0</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER
12. Name Nathnae Brown
13. Birthplace Maryland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Bradley
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

18. (a) Informant's own signature Fred R. Brooks

(b) Address 8501 Page Blvd.

17. (a) Cremation (b) Date thereof May 10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiement Ave.

19. (a) MAY 11 1943 (b) [Signature]
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Wellstone Blvd.
(If outside city or town limits, write "RURAL")
(d) Street No. 8501 Page Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 3.00 minute A.M.

21. I hereby certify that I attended the deceased from 5-7-43
to 5-8-43, 1943,
that I last saw her alive on 5-7-43, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Angina
Sclerosis

Due to Coronary Disease

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

Major findings:
Of operations _____
Of autopsy _____

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 [Signature] (M. D. or other)
Address 536 W Taylor Date signed 5-8-43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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

Rev. 5-17-39
U.S. GOVERNMENT PRINTING OFFICE

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Miss Good
Miss M

Dr. J.H. Walton
536 N. Taylor Ave.,
NU. 2791

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. 3225
P. O. Address..... 1125 Hodiament 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, above space should be left blank.