

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital 0
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Ladue 96
(If outside city or town limits, write "RURAL")

(d) Street No. #30, -- 97th Street. 12
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FREDERICK C. BROOKS.

3. (b) If veteran, name war WORLD WAR # I. 3. (c) Social Security No. none

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Emma H. Brooks. 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased. DEC 15 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>73</u>	<u>4</u>	<u>29</u>		hr. min.

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

10. Usual occupation Physician & Surgeon.

11. Industry or business _____

12. Name John Brooks

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

14. Maiden name Elizabeth Rand

15. Birthplace Salem Mass.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma H. Brooks

(b) Address # 30 - 97th St. Ladue Mo.

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

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) 5-16-43 (b) E. H. McCarroll
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1943 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from 9/26/42
to 5/14/43, 19____ to 19____
that I last saw him alive on 5/14/43, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Lung 3 yrs
Due to Carcinoma return 6 yrs
Due to _____

Other conditions arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy as above 4/6

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 W. J. Falk (M. D. or other) MD
Address Bankers Bldg Date signed 5/18/43

Duration
3 yrs
6 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

6
2004

MOTHER FATHER

3604 Washington.
JE-1800
Hrs.-- 11 to 2 P.M.

1961 9-1 10:13

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.....

Paul Semmer

Registered Apprentice No. 231

working under my personal supervision.

Signed *Bradford A. Miles*

License Embalmer No. 2901

P. O. Address University City - Mo

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.