

FILED DEC 13 1943 18
Registration District No. _____

Primary Registration District No. _____

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

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 20 years (Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Rosie Brooks

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emmett Brooks 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Dec 15 1904
(Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____
MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mary Mc Neal

(b) Address 2737 Delmar Blvd.

17. (a) Burial (b) Date thereof 12-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2828 Standard St

19. (a) DEC 3 1943 (Date received local registrar) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 9
(d) Street No. 2737 Delmar (If rural, give location) 27
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30,
year 1943 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from November 22, 1943 to November 30, 1943.

that I last saw him or alive on November 30, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Duration Unk.

Due to No other condition

Due to _____

Other conditions 102
(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) (a) Means of injury _____

23. Signature J. E. Smith (M. D.) _____

Address 2601 Whitaker Date signed 12/3/43

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 myself
Lonnie Baykin, Registered Apprentice No.
working under my personal supervision.

Signed Lonnie Baykin
Licensed Embalmer No. 2986
P. O. Address St. Louis, 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.