

FILED DEC 3 1943

Registration District No. _____ Primary: Registration District No. **1003**

945

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
Name of hospital or institution: Proclaimed dead at Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Phillips Hospital
(Specify whether) _____
In this community 30 yr 3
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County J
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3208 Lucas Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Ural Milton Brooks

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

4. Sex Male 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 Sept. 3rd 1908
(Month) (Day) (Year)

8. AGE: Years 35 Months 2 Days 15 If less than one day hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name William Brooks

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

14. Maiden name Carrie Walton

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

16. (a) Informant Thomas Brooks

(b) Address 4238w Aldine Avenue

17. (a) Burial (b) Date thereof 11-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director Peoples Und. Co.

(b) Address 3100 Franklin Avenue

19. (a) NOV 20 1943 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 13
year 1943 hour 1:40 minute A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death: Internal hemorrhage from gunshot wound of heart, at the hands of police officer in performance of his duty in a gangway between 4167-669 Delmar Boul., when he came upon the deceased breaking a plate glass window and steal three radios, from Tom's Radio S. on 4171 Delmar Blv. about 1:30 AM Nov. 18th, 1943.

Other conditions: JUSTIFIABLE HOMICIDE
(Include pregnancy within 3 months of death)

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) Homicide (J, st)

(b) Date of occurrence 11-18-1943

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature James P. [unclear] (M. D. or other)

Address 1356 1/2 Hill Date signed 11/18/43

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

John Petrus

Licensed Embalmer No. *4184*

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.