

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1015 North Smith St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME

Lena Brooks

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jose Brooks
 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 10 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 13 hr. _____ min.

9. Birthplace Saline County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name James Drummond
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Mrs. James
 15. Birthplace Unknown - Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Jose Brooks
 (b) Address 1015 N. Smith, St. Charles, Mo.

17. (a) Burial (b) Date thereof Dec. 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cem. St. Charles

18. (a) Signature of funeral director H. C. Dalmeyer & Sons
 (b) Address 201 N. Second, St. Charles, Mo.

19. (a) 12-25-43 (b) Wm. E. Paul
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
(If outside city or town limits, write "RURAL")
 (d) Street No. 1015 N. Smith St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
 year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1941 to Dec 23, 1943
 that I last saw her alive on Dec. 23, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary Sclerosis

Due to _____

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration
7
7
 ?
 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) _____
 (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)
 (c) Means of injury _____

23. Signature Jose Brooks (M. D. or other) _____
 Address _____ Date signed 12-24-43

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

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 E. Doellmeyer

Licensed Embalmer No.....

2457

P. O. Address.....

St Charles 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.