

No. 2
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-17-35
X-56671

22879

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

106

8760

State File No.

FILED APR 6 1944
318

1003

Registrar's No. 2936

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Premature
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL")
17
926

(d) Street No. 2515 Blair Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Baby Brooks

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

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

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

7. Birth date of deceased January 27th 1944
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27th
year 1944 hour 4:35 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 27th
1944 to Jan. 27th 44
that I last saw him alive on Jan. 27th 44
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
Premature 12 hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

Immediate cause of death Prematurity Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 151

MOTHER FATHER

11. Industry or business ---

12. Name ?

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

14. Maiden name Lena Brooks

15. Birthplace 2515 Blair Ave. (City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital

17. (a) 0 (b) Date thereof 4 30 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place City Crematory

18. (a) Signature of funeral director W. J. White

(b) Address St. Louis City Hospital, No. 1

19. (a) MAR 29 1944 (Date received local registrar) J. F. Beck (Registrar's signature)

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?

(Specify type of place) While at work? (Specify means of injury)

23. Signature W. Klingberg (M. D. or other) 0
Address St. Louis City Hosp Date signed 4/27/44

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

744

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.