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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21468

Registration District No. 317 | Primary Registration District No. 3063 | Registrar's No. 1197

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Elmwood Park Mo.
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. Meeks Ave. R 2 Box 325 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOHN DOUGLAS BROOKS JR.
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 22 (Day) 1945 (Year)

8. AGE: Years 2 | Months 0 | Days 22 | If less than one day hr. min.

9. Birthplace Elmwood Park, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name John Brooks
13. Birthplace Chesterfield Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marcella Alexander
15. Birthplace Creve Couer Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Marcella Brooks
(b) Address Meeks Ave. R 2 Box 325
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation Chesterfield, Mo.
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) MAY 24 1945 (Date received local registrar) (b) E. B. McLawson M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1945 hour 1:25 minute P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation by Drowning — Duration
Due to Accident V83-3
Due to 19
Other conditions (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: 691
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 22nd, 1945.
(c) Where did injury occur? At home Elmwood Pk, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Water barrel, at home, (Specify type of place)
While at work? Means of injury
23. Signature Arnold J. Willmann Coroner (M. D. or other)
Address Clayton, Mo. Hospital Date signed 5-24-45

(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed: Thos J Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave

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.