

S. No. 2
 M-5-43
 v. 5-12-38
 P. 1 X38671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 21274
 Registrar's No. 1348

FILED JUL 1 1948
 Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Chesterfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route 2, Box 45
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis 96
 (c) City or town Chesterfield
(If outside city or town limits, write "RURAL")
 (d) Street No. Rt. 2--Box 45
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Rosie Brooks
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mose Brooks
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased April 20th, 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>1</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Marshall James
 13. Birthplace Unavailable, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Eliza Harris
 15. Birthplace Unavailable, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mose Brooks
 (b) Address Route 2-Box 45, Chesterfield, Mo.
 17. (a) Burial (b) Date thereof 6/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Chesterfield, Mo.

18. (a) Signature of funeral director Chas. J. Gates
 (b) Address 4107 Finney Avenue
 19. (a) 6-24-46 (b) E. J. McNavran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 18
 year 1946 hour 10 45 minute A M.

21. I hereby certify that I attended the deceased from June 7, 1946, to June 18, 1946
(that I last saw him or her alive on June 15, 1946, and that death occurred on the date and hour stated above.)

Immediate cause of death Chr. Myocarditis
Asthma 93-d
Rt. hemiplegia
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

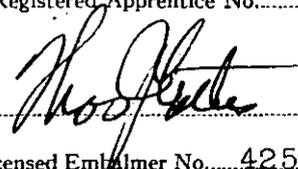
PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy: _____
 Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature E. J. McNavran (M. D. or other) M.D.
 Address Chesterfield, Mo 6076

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.....

Licensed Embalmer No.....4259.....

P. O. Address.....4107 Finney Avenue.....

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.