

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28487**

FILED SEP 9 1946
318

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2287**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Curate Home Phillips Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **15 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **2100**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2702 Cole St**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Gilbert Brooks**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **27th**
year **1946** hour **1:55** minute **A.M.**
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

4. Sex **Male 2** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 25, 1894**
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years **51** Months **8** Days **2** If less than one day _____ hr. _____ min.

Immediate cause of death **1. Fracture of Skull, 2. Subdural hemorrhage of Brain, when he was found lying on the sidewalk in front of 2701 Cole Street, around 1:55 A.M., August 27, 1946. CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED.**
Other conditions **OPEN VERDICT**
(Include pregnancy within 3 months of death)

9. Birthplace **Columbia, Penn.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Labor**

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

11. Industry or business _____
12. Name **Louis Brooks**
13. Birthplace **Atlanta, Ga.**
(City, town, or county) (State or foreign country)
14. Maiden name **Julia Jones**
15. Birthplace **Ashwood, Tenn.**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Open Verdict**
(b) Date of occurrence **August 27th, 1946**
(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? **unknown**
While at work? **no** (Specify type of place)
Means of injury **unknown**
23. Signature **[Signature]** (M. D. or other)
Address **[Signature]** Date signed **8/29/46**

16. (a) Informant **Angia Marschall**
(b) Address **2702 Cole Street**
17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **AUG 29, 1946**
(Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Pleasant, Tenn.**
18. (a) Signature of funeral director **Dement & Son**
(b) Address **2629-31 Cole Street**
AUG 29 1946 (Date received local registrar) (b) **[Signature]** (Registrar's signature)

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

27325

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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

H. Claude Gordon

Licensed Embalmer No.....

3489

P. O. Address.....

4575 Aldene

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.