No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

FILED SEP 24 1946

State File No. 31598

Registration District No. 318 Primary Registration District No. Registrar's No. 7950

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2207 a Carr St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Yrs. (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2207 a Carr St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Loada Brooks.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Col,
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 10 (Day) 1908 (Year)

8. AGE: Years 38 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Panther Burn (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER 12. Name Rye Lumbin
13. Birthplace Panther burn (City, town, or county) Miss. (State or foreign country)
MOTHER 14. Maiden name Irene
15. Birthplace Panther Burn (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Lessersee Palmer
(b) Address 2207 a Carr St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago Ill.
18. (a) Signature of funeral director Ellis Fun. Home
(b) Address 2820 Stoddard St
19. (a) SEP 15 1946 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13 year 1946 hour 5/40 minute A. M.
21. I hereby certify that I attended the deceased from Sept. 13 19 46 to 19 ; that I last saw her alive on Sept. 13, 19 46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia Posioning	
Due to Childbirth	
Due to	
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:
(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 (M. D. or other)
Address 2742A Franklin Ave. Date signed 9/14/46

(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 L Boyk

....., Registered Apprentice No. M,

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2940

P. O. Address St Louis M

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.