

Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(c) County St. Louis

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

(c) Name of hospital or institution:  
4271 Red Bud Ave.  
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Myrtle Florence Brooks

(b) If veteran, name war No

(c) Social Security No. None

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Ira Brooks

(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 19, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74	10	9	hr.	min.
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9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Dinkle

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

14. Maiden name Gerry

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

16. (a) Informant James Brooks

(b) Address 4271 Red Bud Ave., m

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mar. 31/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Fayette, Mo.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.

19. (a) MAR 28 1947 (Date received local registrar) (b) J. F. Breisack (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ows

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

(d) Street No. 4271 Red Bud Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 28 year 1947 hour 7.30 minute A.M.

21. I hereby certify that I attended the deceased from May 3  
1944 to March 2, 1947  
that I last saw her alive on Mar. 12  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - Chronic

Due to Hypertensive heart disease

Due to Generalized arteriosclerosis

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

Major findings: Of operations \_\_\_\_\_

Of autopsy NO

Duration 5 yrs.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature H. J. Newman (M. D. or other) M.D.

Address 3720 Washington Date signed 3/28/47

Dr. Harold G. Newman  
3720 Washington Blvd.,  
J.E. 4571, 1-3 P.M.

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 Alfred J. Boedeke

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiament 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.