

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28894**

FILED AUG 21 1947 **318**

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **7634**

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:
2129 Chestnut St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community **10 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St Louis** (If outside city or town limits, write "RURAL") **17**

(d) Street No. **2129 Chestnut st**
21 (If rural, give location) **9**

(e) Citizen of foreign country? _____ (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME **John Brooks**

3. (b) If veteran, name war **Worlds War 11**

3. (c) Social Security No. **195-160-1372**

4. Sex **M 2** 5. Color or race **Col**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Irene Brooks**

6. (c) Age of husband or wife if alive **33** years

7. Birth date of deceased **Sept 12 1905**
(Month) (Day) (Year)

8. AGE: Years **41** Months **10** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**

11. Industry or business _____

MOTHER FATHER { 12. Name **James Brooks**

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

14. Maiden name **Unknown**

15. Birthplace **U Nknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lee Howard**

(b) Address **1011 a Howard st**

17. (a) **Burial** (b) Date thereof **Aug 12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National cem**

18. (a) Signature of funeral director **J.W. Hughes**
2620 Lawton blvd

(b) Address _____

19. **AUG 16 1947** (Date of registration) (b) **J. F. Breneck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **12th**
year **1947** hour **7:30** 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 _____

Heart Ephanteron

Due to _____

Due to **191**

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

Major findings: Of operations **M**

Of autopsy _____ 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? **000**

While at work _____ (Specify type of place) Means of injury _____

23. Signature **Alfred J. ...** (M. D. or other) **0**

Address _____ Date signed **8/17/47**

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

OCT 3 1949

STATEMENT BY LICENSED EMBALMER

that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
..... personal supervision.

Signed *Clark Young*
Licensed Embalmer No. *33710*
P. O. Address *St. Louis*

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.