

No. 2
-2-43
-17-39
X13697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3258**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1124 Tyler Street
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **1124 Tyler Street** **9**
26 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

3. (b) If veteran, name war **None** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Brooks** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 18, 1882**
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **14** If less than one day _____
hr. _____ min. **Primary site on finger**

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

10. Usual occupation **Machine Greaser**

11. Industry or business _____

12. Name **Henry Brooks**

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

14. Maiden name **Catherine Parker**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Mary Brooks**

(b) Address **1124 Tyler St., Burial**
(Burial, cremation, or removal) (Date thereof) **4-5-48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 S. Grand Blvd.,**

19. (a) **APR 5 1948** (Date received local registrar) (b) **J. F. Brodeur** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **2**
year **1948** hour **10** minute **15** P.M.

21. I hereby certify that I attended the deceased from **11/21/46 - 12/24/46, 4/20/47 - 4/27/47, 2/9, 1948, to 2/16/48**
that I last saw him alive on **March 16th, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Malignant Melanoma of Skull + Liver** Duration **2 yrs.**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **50**

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? _____

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

23. Signature **Joe H. Horem** (M. D. or other) **an. d.**
Address **City Hospital** Date signed **4/2/48**

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

MOTHER FATHER

3258

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 *J. W. Bentley*
Licensed Embalmer No. *3657*
P. O. Address *St. Louis, Mo.*

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.