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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 18 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42646
Registrar's No. 11426

Registration District No. 318

Primary Registration District No. 100's

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)

In this community _____
years, months or days

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. 4643 Evans
(If rural, give location)

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

3. (a) PRINT FULL NAME Mable Brooks

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29
year 1948 hour 9 minute 40 P.M.

4. Sex F 5. Color or race C

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

6. (b) Name of husband or wife John Brooks

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased APRIL 9 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 27 1948 to Dec. 29 1948
and that death occurred on the date and hour stated above.
that I last saw him/her alive on Dec. 29 1948

Immediate cause of death 1. Cerebral Hemorrhage Duration _____
(2) Hypertensive Heart Disease
(3) Malignant Hypertension Undet.

8. AGE: Years 44 Months 8 Days 20
If less than one day hr. _____ min. _____

9. Birthplace MEMPHIS TENN.
(City, town, or county) (State or foreign country)

10. Usual occupation DOMESTIC

11. Industry or business _____

MOTHER FATHER {

12. Name OSCAR C. MAXWELL

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

14. Maiden name GENE SCOTT

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

16. (a) Informant John Brooks

(b) Address 4643 Evans ave

17. (a) Burial (b) Date thereof 1. 3 49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Paul Walton

(b) Address 2707 Stoddard St

19. (a) JAN 3 1949 (b) J. B. Foster
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions Uremia
(includes pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all 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)
(e) Means of injury _____

23. Signature Oscar J. Daniels (M. D. or other) _____
Address 2601 N Whittier Date signed 12/30/48

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

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 *Lawrence T. Edwards*

Licensed Embalmer No. *4341*

P. O. Address *1 Howard Med*

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.