

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1949

State File No. 9844

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 REGISTRAR'S NO. 2324

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>St Louis MO |  | b. COUNTY  |  |
| c. LENGTH OF STAY (in this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>St Louis MO                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>HOMER G. PHILLIPS HOSPITAL               |  | d. STREET ADDRESS (If rural, give location)<br>4558 Cote Brillante                                 |  |

|  |            |             |           |  |
|--|------------|-------------|-----------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH<br>(Month) (Day) (Year) |
|  | Estella    | Mary Moore  | Brooks    | March 10 1949                            |

|  |                          |   |                               |  |                            |                              |                           |                          |
|--|--------------------------|---|-------------------------------|--|----------------------------|------------------------------|---------------------------|--------------------------|
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>Cauc | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED<br>widowed | 8. DATE OF BIRTH<br>not known | 9. AGE (In years last birthday)                          | 10. UNDER 1 YEAR<br>Months | 11. UNDER 1 YEAR<br>Days     | 12. UNDER 1 YEAR<br>Hours | 13. UNDER 1 YEAR<br>Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>housework |                          | 10b. KIND OF BUSINESS OR INDUSTRY                       |                               | 11. BIRTHPLACE (State or foreign country)<br>St Louis MO |                            | 12. CITIZEN OF WHAT COUNTRY? |                           |                          |

|                                 |  |  |
|---------------------------------|--|--|
| 13a. FATHER'S NAME<br>not known | 13b. MOTHER'S MAIDEN NAME<br>not known | 14. NAME OF HUSBAND OR WIFE<br>not known |
|---------------------------------|--|--|

|  |                                 |   |                   |
|--|---------------------------------|---|-------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br>no | 16. SOCIAL SECURITY NO.<br>none | 17. INFORMANT'S SIGNATURE OR NAME<br>Arrate | ADDRESS<br>Martin |
|--|---------------------------------|---|-------------------|

|   |   |      |  |
|---|---|------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |      | INTERVAL BETWEEN ONSET AND DEATH<br>Undet. |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  |      |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Undetermined<br>DUE TO (c) None |      |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | None |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                      |

22. I hereby certify that I attended the deceased from 3-7, 1949, to 3-10, 1949, that I last saw the deceased alive on 3-10, 1949, and that death occurred at 5 a.m., from the causes and on the date stated above.

|  |                                    |                             |
|--|------------------------------------|-----------------------------|
| 23a. SIGNATURE (Degree or title)<br>Oscar L Daniels O.M.D. | 23b. ADDRESS<br>2601 N Whittier St | 23c. DATE SIGNED<br>3-10-49 |
|--|------------------------------------|-----------------------------|

|   |                      |   |  |
|---|----------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 24b. DATE<br>3-14-49 | 24c. NAME OF CEMETERY OR CREMATORY<br>Greenwood | 24d. LOCATION (City, town, or county) (State)<br>St Louis MO |
|---|----------------------|---|--|

|  |   |                 |
|--|---|-----------------|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br>MAR 14 1949 J.B. Foster | 25. FUNERAL DIRECTOR'S SIGNATURE<br>A.H. Beul | ADDRESS<br>2726 |
|--|---|-----------------|

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Theodore J. Gondell*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4243*

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.