

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9845

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2914

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) D		d. STREET ADDRESS (If rural, give location) 420 Calcott	
d. FULL NAME OF HOSPITAL OR INSTITUTION Prosp = 7			
3. NAME OF DECEASED (Type or Print) a. (First) Howard b. (Middle) Brooks c. (Last) Brooks		4. DATE OF DEATH Month Day Year Mar. 15 1949	
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH MAY 1885
9. AGE (At last birthday) 63	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (At last birthday) / UNDER 1 YEAR / UNDER 12 HRS. / UNDER 12 MIN. Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME W	13b. MOTHER'S MAIDEN NAME W	14. NAME OF HUSBAND OR WIFE W	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give date of service) W	16. SOCIAL SECURITY NO. W	17. EMBALMER'S SIGNATURE OR NAME AND ADDRESS Stuck G. Vayn 1300 Clark	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 131a	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION W N. MA.	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)	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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ from the causes and on the date stated above.			
23a. SIGNATURE (Dress or title) Joseph M. J. Deane		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3/20/49
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE MAR 31 1949	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. MAR 31 1949	REGISTRAR'S SIGNATURE J. B. Parster	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Rowland Mortuary Service 4104 Manchester Ave.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed

Raymond W. Henson

Signed.....

Student Embalmer

Licensed Embalmer No. 3791

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.