

6039

MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1692

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

1. PLACE OF DEATH a. COUNTY 5800 Arsenal St.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Miss. Gravitol b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.	
c. LENGTH OF STAY (in this place) 7y, 2m, 8d.		d. STREET ADDRESS (If rural, give location) 1413 Gravitol	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary			
3. NAME OF DECEASED a. (First) JOE		b. (Middle) _____	
c. (Last) BROOKS		4. DATE OF DEATH (Month) (Day) (Year) 2. 11 50	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 4	8. DATE OF BIRTH 10-15-1867
9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Months _____ Days _____	
10. IF UNDER 1 YRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Tenn.	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Betts Brooks	
13b. MOTHER'S MAIDEN NAME Lula ?		14. NAME OF HUSBAND OR WIFE Mary Belle Evans	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmary Records, 5800 Arsenal St.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular lues 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.	
INTERVAL BETWEEN ONSET AND DEATH Many years.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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. HOW DID INJURY OCCUR? 0231	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Dec 3, 1942 , to Feb. 11, 1950 that I last saw the deceased alive on Feb. 11, 1950 , and that death occurred at 6: 25 A.M. from the causes and on the date stated above.			
23a. SIGNATURE Palmer Bruce Bowditch (Degree or title) M.D.		23b. ADDRESS 5800 Arsenal St.	
23c. DATE SIGNED 2-11-50		24a. BURIAL, CREMATION, REMOVAL (Specify) in	
24b. DATE FEB 21 1950		24c. NAME OF CEMETERY OR CREMATORY Anatomical Bldg	
24d. LOCATION (City, town, or county) _____ (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bowland Mortuary Service Inc.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 21 1950 J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bowland Mortuary Service Inc.	

(Licensed Embalmer's Statement on Form 10-1-50) Chester Ave.

ST. LOUIS 10, MO.

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.

Student
Student Embalmer

Signed Ralph W. Henson

Licensed Embalmer No. 379

P. O. Address St. Louis, Mo.

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

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