

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28041
State File No. 7231
Registrar's No.

BIRTH NO. #102277 52135-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS. 2279	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 27 1022 MISSISSIPPI	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) Brooks c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) August 24th, 1950		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 8-21-50	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (State or foreign country) ST LOUIS, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CLAUDE BROOKS	13b. MOTHER'S MAIDEN NAME ALIDE HEFF	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Engelbrosia Petalis</i>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 7700
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22. I hereby certify that I attended the deceased from 8/21/50 to 8/24/50, 19, that I last saw the deceased alive on 8/24/50, 19, and that death occurred at 3:01 AM, from the causes and on the date stated above.

23a. SIGNATURE Robert L. Korn M.D.	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 8/24/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-25-50	24c. NAME OF CEMETERY OR CREMATORY COURTAIS	24d. LOCATION (City, town, or county) (State) COURTAIS, MO
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DATE RECD BY LOCAL REG. AUB 25 1950	REGISTRAR'S SIGNATURE J. B. Jasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, 2301 Lafayette
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

James R. Chapman
Licensed Embalmer No. *4550*
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.