

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31338

State File No.

FILED SEP 22 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8229			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois				b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis			8120		
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital				d. STREET ADDRESS (If rural, give location) 1031 Baker					
3. NAME OF DECEASED (Type or Print) MARY			a. (First)	b. (Middle)	c. (Last) BROOKS	4. DATE OF DEATH (Month) (Day) (Year) Sept 14, 1951			
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Aug 31, 1902		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook			10b. KIND OF BUSINESS OR INDUSTRY Cow-Shed (Tavern)		11. BIRTHPLACE (State or foreign country) La. /			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert Washington			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Walter Brooks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Walter Brooks - 1031 Baker East St. Louis, Ill.					ADDRESS
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medication Halibutin Chloro ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis & Anemoglobin DUE TO (c) Medication						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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? 2lex					
22. I hereby certify that I attended the deceased from 9/10, 1951 , to 9/14, 1951 , that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Edgar F. Warden M.D.				(Degree or title)		23b. ADDRESS 930 N. Lind St.		23c. DATE SIGNED 9/15/51	
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept 17, 1951	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) East St., Louis, Illinois				
DATE REC'D BY LOCAL SEP 17 1951		REGISTRAR'S SIGNATURE Carl Smith No. 923			25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home - E. St. Louis, Ill.				ADDRESS

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

MAR 19 1954

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.....

Thomas M. Gladson

Signed.....

Student Embalmer

Licensed Embalmer No. *4479*

P. O. Address *East St Louis, Ill*

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.