

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30632**
Registrar's No. **7848**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 7848 | |
| 1. PLACE OF DEATH a. COUNTY <i>Harrison & Phillips & Holt</i> | | | | 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) St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | | | e. STREET ADDRESS (If rural, give location) 11 1820 Cora 21190 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Belle | | | b. (Middle) _____ | | | c. (Last) Brooks | |
| 4. DATE OF DEATH (Month) (Day) (Year) 9 4 55 | | 5. SEX <i>Female</i> | | 6. COLOR OR RACE Col | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | |
| 8. DATE OF BIRTH 6/24 - 1884 | | 9. AGE (In years last birthday) 71 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 11. BIRTHPLACE (City and State or Foreign Country) Henry Tenn | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME George Haynes | | | 13b. MOTHER'S MAIDEN NAME Mollie Gately | | | 14. NAME OF HUSBAND OR WIFE Edward 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 AND ADDRESS James M. Taylor 4703 | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis. 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. Cerebral Thrombosis. Decubitus Ulcer of Buttocks. | | | | INTERVAL BETWEEN ONSET AND DEATH Undt. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? 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) | | 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 8-29- 19 55 , to 9-4- 19 55 , that I last saw the deceased alive on 9-4- 19 55 , and that death occurred at 12:40a m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>Edwin S. Williams</i> | | | 23b. ADDRESS M.D. 2601 N. Whittier Street | | | 23c. DATE SIGNED 9-6-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 9-8-55 | | 24c. NAME OF CEMETERY OR CREMATORY Father Jackson St. Louis Co. MO | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. SEP 7 1955 | | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Emmie Toney</i> | | ADDRESS 3129 Lips | |

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.....
Signature of Student Embalmer

Signed *James A. Carter*.....
Licensed Embalmer No. *468*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.