

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32544

State File No.

FILED OCT 10 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2287

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>D.O.A.</u>	c. CITY OR TOWN <u>Robertson</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <u>Willis</u> b. (Middle) <u>BBrooks</u> c. (Last) <u>BBrooks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-23-56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 20, 1890</u>
9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR <u>9</u> Months	IF UNDER 1 YEAR <u>27</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A. J. James</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wynne, Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>US A</u>		13a. FATHER'S NAME <u>James Brooks</u>	
13b. MOTHER'S MAIDEN NAME <u>Fanny Barber</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Brooks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>W War I</u>	16. SOCIAL SECURITY NO. <u>499-01-3349</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Brooks Robertson</u> <u>Mo.</u>	
MEDICAL CERTIFICATION			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head injury compatible with</u> <u>auto accident</u>		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 checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>public road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 32 (STATE) <u>Near St. John's</u> <u>St. Louis</u> <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) <u>Sept. 23, 1956</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Lost control of truck he was operating, ran off road & struck a tree.</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Arnold J. Willmann</u> (Degree or title)		23b. ADDRESS <u>Coroner Clayton, Mo.</u>	23c. DATE SIGNED <u>9/28/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-27-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker</u>	GENERAL DIRECTOR'S SIGNATURE <u>H. H. Hedrick</u>	ADDRESS <u>Robertson Mo</u>

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.....
Leroy W. Gannister

Licensed Embalmer No.....
452

P. O. Address.....
2616 Garrison

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.