

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1957

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1003

157 022376
STATE FILE NUMBER
5595

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 217 1/2 STREET 3206 Bell	
3. NAME OF DECEASED (Type or print) First Joseph Middle Brooks Last Brooks			4. DATE OF DEATH Month 6 Day 14 Year 57			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 11, 1862	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4 Days 3 Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Chesterfield, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Daniel Brooks			14. MOTHER'S MAIDEN NAME Lucy Ball			
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 Address Clayton, Mo. Sylvester N. Brooks 7705 Shirley Dr.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]- PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestion of Lungs					INTERVAL BETWEEN ONSET AND DEATH undet.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Ruptured and Repaired Urinary Bladder with Extravasated Fluid in Peritoneal Cavity					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 2-2-57 to 6-14-57 and last saw him ^{her} alive on 6-14-57 Death occurred at 5:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Mark B. Harrifield, M.D.			22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 6-15-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 17, 1957	23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
24. FUNERAL DIRECTOR Jas H Randle & Son		ADDRESS 3133 Bell		25. DATE RECD. BY LOCAL REG. JUN 15 57	26. REGISTRAR'S SIGNATURE J Earl Smith Md	

(Licensed Embalmer's Statement on Reverse Side)

Public Health Service
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DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Ether K. Harr*

Licensed Embalmer No. *47*

P. O. Address *418 N. Main*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.