

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37220**  
Registrar's No. **9516**

FILED OCT 21 1957

318

1003

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u>   |  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY OR TOWN <u>St. Louis</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>01</u> <b>2837 Dickson Street</b>   |  |   |  | e. STREET ADDRESS (If rural, give location)<br><u>021</u> <b>2837 Dickson Street</b>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Battie</b>   |  | a. (First)  |  | b. (Middle)   |  | c. (Last)<br><b>Brooks</b>  |  |
| 4. DATE OF DEATH<br><b>10 7 57</b>  |  | 4. DATE (Month) (Day) (Year)  |  | 4. DATE OF BIRTH<br><b>July 7, 1926</b>   |  | 9. AGE (in years last birthday) <b>32</b><br>IF UNDER 1 YEAR: Months <b>3</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>  |  |
| 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>Colored</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Divorced</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Mississippi</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Domestic</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |   |  |
| 13a. FATHER'S NAME<br><b>Golden Rice</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Samantha Jones</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>?</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Samantha Jones 2706 Dayton Street</b>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculous Pneumonia</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>002x</b> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY?<br>YES <input checked="" 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) (Min.)  |  | 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 _____, 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 <b>Patrick E. Taylor Coroner</b>   |  |   |  | 23b. ADDRESS <b>1300 Clark</b>  |  | 23c. DATE SIGNED <b>10/14/57</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 24b. DATE<br><b>10-14-57</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Greenwood</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>  |  |
| DATE REC'D BY LOCAL REG.<br><b>OCT 11 1957</b>  |  | REGISTRAR'S SIGNATURE<br><b>Carl Smith</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Ellis Funeral Home, Inc. 2820 Stoddard</b>   |  |   |  |

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

RECEIVED

APR 19 1938

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 *Gustave E. Beck*

Licensed Embalmer No. 4198

P. O. Address *St. Louis*

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.