

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008322  
State File No.

FILED MAR 12 1958

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 640

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>St. Louis Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. CITY OR TOWN <u>Wellston 4301</u> <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>7 WKS.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>6307 Derby</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marie</u> b. (Middle) <u>Catherine</u> c. (Last) <u>Brooks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>1</u> <u>58</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 11<sup>th</sup> - 1916</u>
9. AGE (In years last birthday) <u>41</u>		10. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis - MO.</u>	
13a. FATHER'S NAME <u>Frank Charles Jallis</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Mc Grovy</u>	
13c. NAME OF HUSBAND OR WIFE <u>Howell Brooks</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-28-4271</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Newell C. Brooks</u>	
---	---	--	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myelogenous Leukemia.</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>204.1</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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 Jan 21, 1958 to Feb 21, 1958, that I last saw the deceased alive on Jan 31, 1958, and that death occurred at 6:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. M. Witten</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>6230 Page</u>	23c. DATE SIGNED <u>3/2/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-4-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, CO., MO.</u>

DATE REC'D BY LOCAL REG. <u>3-3-58</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Clark</u>	ADDRESS <u>F. H. 1125 Hickman</u>
---	---	--	--------------------------------------

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

4001

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 *Alfred J. Boedeke*.....  
Licensed Embalmer No... *266*  
P. O. Address... *11257th*

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.