

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-026448

STATE FILE NUMBER

2 6599

FILED VS JUL 24 1959

Registration District No.

Primary Registration District No.

Registrar's No.

38
S. 300
v. 1-57

1705

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Homer Phillips Hosp.			Length of stay in lb		d. STREET ADDRESS (If outside, give location) 3618 EVANS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST DAVE BROOKS JR.				4. DATE OF DEATH Month Day Year 7-11-59			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-18-1922		9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REPAIRMAN			10b. KIND OF BUSINESS OR INDUSTRY TIRE CO.		11. BIRTHPLACE (City and state or country) CLARENDON ARK.		12. CITIZEN OF WHAT COUNTRY? USA
10a. FATHER'S NAME DAVE BROOKS			13b. MOTHER'S MAIDEN NAME MATTIE DAVIS			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES			16. SOCIAL SECURITY NO.		17. INFORMANT Address P.O. Box 229 MRS. CATHERINE THOMASON CLARENDON ARK.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive intrathoracic hemorrhage DUE TO (b) Shot gun wound of heart. DUE TO (c) 981x							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease designated in PART I.) suffered when shot with shot gun in hands of one of about 3616 Evans Avenue about 215 am July 11, 1959.							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I. or PART II. of item 18.) Shot gun in hands of one of about 3616 Evans Avenue about 215 am July 11, 1959.				
20c. TIME OF INJURY Hour Month, Day, Year 215 a.m. 7 11 59		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, fire office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION St Louis
20g. COUNTY Mo		20h. STATE					
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Reed M. Quinn (Degree of title)				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7/13/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 7-15-1959	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.		
24. FUNERAL DIRECTOR Elizabeth H. Love 3103 Washington				25. DATE RECD. BY LOCAL REG. JUL 14 59		26. REGISTRAR'S SIGNATURE Reed M. Quinn M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

S.P.

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 *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4237, Jay*

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.