

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026451

FILED VS JUL 30 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-6753** STATE FILE NUMBER

7/30/59 SEL

DOCUMENT: St. L. Bd of Education Rcds 2/1917

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1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution/Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 47 years		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4240 N. 21st. St (7)	
3. NAME OF DECEASED (Type or print) First Middle Last LESTER ONEAL BROOKS				4. DATE OF DEATH Month Day Year July 18 1959			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/8/1909 1908 (last birthday) 49-50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Machinist		10b. KIND OF BUSINESS OR INDUSTRY Walworth Valve CO.		11. BIRTHPLACE (City and state or country) Festus MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Benjamin Brooks			13b. MOTHER'S MAIDEN NAME Susie Wikson			14. NAME OF HUSBAND OR WIFE Laura Brooks	
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. 342-05-5720		17. INFORMANT Laura Brooks Address 4240 N. 21st. Street		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Pancreas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) & Metastases to liver DUE TO (c) Biopsy Confirmation						INTERVAL BETWEEN ONSET AND DEATH 57	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 6-13-59 to 7-18-59 and last saw her alive on 7-18-59 Death occurred at about 1 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) [Signature]				22b. ADDRESS 4952 Maryland		22c. DATE SIGNED 7/20/59	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE July 21, 1959		23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis MO	
24. FUNERAL DIRECTOR ADDRESS SUEMEYER & SON'S 3934 N. 20th Street				25. DATE RECD. BY LOCAL REG. JUL 20 1959		26. REGISTRAR'S SIGNATURE [Signature]	

(7) + .

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. Wm. D. [Signature]

Licensed Embalmer No. *365*

P. O. Address *St. Louis 8*

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.