URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-020732

FILED VS MAY 25 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5178 STATE FILE NUMBER

NDED

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 | Length of stay in 1b

c. CITY OR TOWN St Louis | Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1516 N-15 St | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 1516 A N-15 St | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First WALTER Middle BROOKS Last

4. DATE OF DEATH Month 5 Day 13 Year 1960

5. SEX Male

6. COLOR OR RACE Col

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH 4-6-1887

9. AGE (last birthday) 73

IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Laborer

11. BIRTHPLACE (City and state or country) Lafora County Miss

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Walter Brook Sr.

13b. MOTHER'S MAIDEN NAME Katie McCormac

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Frank Stephen Address 1410 Wishart Pl 24

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arterio Scleratic Heart Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c) 420.0

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____

Death occurred at 230 P.M. in the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph M Queen County Prem

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 5-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.

23b. DATE 5-19-1960

23c. NAME OF CEMETERY OR CREMATORY Father Dickerson

23d. LOCATION (City, town, or county) Kirkwood (State) Mo

24. FUNERAL DIRECTOR A P Richardson ADDRESS 2625 Glasgow

25. DATE RECD. BY LOCAL REG. MAY 17 1960

26. REGISTRAR'S SIGNATURE Earl Smith. M.D. MSB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 A P Richards

Licensed Embalmer No. 2928

P. O. Address City

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