

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 Registration District 318 Primary Registration District 1003 Registrar's No. 6350 STATE FILE NUMBER -61-026632

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FILED JUL 25 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hamilton Medical Center Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY OR TOWN Clayton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 7539 Byron Pl. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First MICHAEL Middle W Last BROOKS
4. DATE OF DEATH Month July Day 7th Year 1961

5. SEX male **6. COLOR OR RACE** white **7. Married** Never Married Widowed Divorced
8. DATE OF BIRTH 4-23-1878 **9. AGE** (last birthday) 83
 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) Real Estate Broker
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Montgomery City, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Orphred H. Brooks **13b. MOTHER'S MAIDEN NAME** Rosa McCabe **13c. NAME OF HUSBAND OR WIFE** Edna L.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none
17. INFORMANT Mr. Douglas Brooks 7539 Byron Place. Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH July 1961
 DUE TO (b) 332x
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis of leg.
 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 Jan 3 19 61 to July 7 61 and last saw him alive on July 6 1961
 Death occurred at 8:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Raymond Williams M.D. **22b. ADDRESS** 114 No Taylor St Louis 8 **22c. DATE SIGNED** 7-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal **23b. DATE** 7-10-1961 **23c. NAME OF CEMETERY OR CREMATORY** Valhalla Cemetery **23d. LOCATION** (City, town, or county) (State) St. Louis, Co., Mo.

24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar Blvd. ADDRESS _____ **25. DATE RECD. BY LOCAL REG.** JUL 10 1961 **26. REGISTRAR'S SIGNATURE** Earl Smith, M.D.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.