

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1892

485

1. PLACE OF DEATH

County Jackson
Township Frank
City St. Louis

Registration District No. 399

Primary Registration District No. 1002

No. 306-7- Van Bunt

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Minnie Henrietta Brooks
(a) Residence No. 306-7- Van Bunt 10 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FE 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Calvert Brooks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23-1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 8 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Jacob B. Howell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rebecca Powelson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Calvert Brooks
(Address) 306-7- Van Bunt

15. FILED 1-31-29 M M Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1929

17. I HEREBY CERTIFY, That I attended deceased from July, 1928, to Jan 29, 1929, that I last saw him alive on Jan 29, 1929, and that death occurred, on the date stated above, at 3 (m).

THE CAUSE OF DEATH WAS AS FOLLOWS:

Carcinoma of Breast
40 (duration) 3 yrs. mos. da.
CONTRIBUTORY (SECONDARY) Acute Bronchitis
(duration) 6 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

1. DID AN OPERATION PRECEDE DEATH? yes DATE OF 1927
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. Acciaro, M. D.
31. 1929 (Address) 5400 St. John Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Washington

Feb 1 1929

20. UNDERTAKER

ADDRESS

Rose & Anderson

15th Jackson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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