

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No.....)

Registration District No. **791**
1003
Primary Registration District No.....

File No. **12984**
Registered No. **3538**
St..... Ward)

2. FULL NAME Donald L. Rooks.

(a) Residence. No. 4010 Scanlon Place. St. 7 Ward.
(Usual place of abode)
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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White. | Infant.

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/11/27

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>2</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Harry S. Rooks.

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) St. Louis Mo.

12. MAIDEN NAME OF MOTHER Della Hubbard.

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

14. INFORMANT Harry S. Rooks.
(Address) 4010 Scanlon Pl.

15. FILED 22 1929
Max C. [Signature]
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/21/29 19

17. I HEREBY CERTIFY, That I attended deceased from Illness
1....., 1929, to Mar 21, 1929
that I last saw h..... alive on Mar 21, 1929, and that death occurred, on the date stated above, at 8:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

157C Heart Disease
107A (duration) yrs. mos. da. since birth
CONTRIBUTORY Acute Bronchopneumonia
(SECONDARY) Secondary (duration) yrs. mos. da. 4

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH?.....

18. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

18. WAS THERE AN AUTOPSY?.....

18. WHAT TEST CONFIRMED DIAGNOSIS?.....
(Signed) John [Signature], M. D.

Mar 22, 1929 (Address) 536 1/2 Taylor
*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. Peters Cemetery. | 3/23/ 1929

20. UNDERTAKER | ADDRESS

Chiroit Hud Co | 3710 N. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. J. H. [Signature]
Wm. [Signature]

