

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.

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

Do not use this space.

24840

1. PLACE OF DEATH

County Registration District No. ¹⁹¹ ~~103~~
Township Primary Registration District No. ~~103~~
City St. Louis (No. 5343, Latus Ave) St. Ward)

File No.
Registered No. 6251 Ward)

2. FULL NAME

Louisa Brookes
(a) Residence, No. 5343 Latus Ave. St. 6 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wesley P. Brookes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 5, 1867</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>0</u>	DATE <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year).....

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	13. NAME <u>Jacob Stizelberger</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>
	15. MAIDEN NAME <u>Barbara Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>
17. INFORMANT (ADDRESS) <u>Wesley P. Brookes</u> <u>5343 Latus Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine Cem</u> DATE <u>July 20, 1933</u>	
19. UNDERTAKER (ADDRESS) <u>Frehmann Harsel</u> <u>1905 Union Blvd</u>	
20. FILED <u>18 33</u> 19 <u>J. F. Bredeck</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1933, to July 18, 1933
I last saw h.er. alive on July 17, 1933. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
938
938
Other contributory causes of importance
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....
(Signed) Arthur H. de Masy, M. D.
(Address) 4046 N. Grand Bl.

NW NE 1/4 Sec 10

4046 N. Grand

3-4

9-10