

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

Do not use this space.

MAY 13 1935

14951

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis Mo (No. City, Hannibal)

File No. **3833**
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 3438 Franklin St., 21 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 56 yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 5, 1878</u>		
7. AGE	YEARS	MONTHS
	<u>56</u>	<u>4</u>
		DAYS
		<u>20</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Labourer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Labourer</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

13. NAME James B. Brooks

14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Marcella Slizer

16. BIRTHPLACE (CITY OR TOWN) Cumberland
(STATE OR COUNTRY) Maryland

17. INFORMANT W. F. McNamee Jr.
(ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri Crematory DATE Apr 27 1935

19. UNDERTAKER Wacker Welder
(ADDRESS) 2331 Broadway

20. FILED APR 27 1935
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25th, 1935

22. I HEREBY CERTIFY, that I attended deceased from Feb. 22nd, 1932, to April 25th, 1935

I last saw him alive on April 25th, 1935. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus 2/2/32+
Diabetes Genereux left 4/21/35
foot
Other contributory causes of importance: 34
ENS Syphilis 2/2/32+
Name of operation Amputation Left Date of 4/2/35
What test confirmed diagnosis? Was there an autopsy? yes

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?
If so, specify
(Signed) William F McNamee M. D.
(Address) 5400 Arsenal St

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.

WHITE PAPER, WITH OUTFOLDING TABS—THIS IS A PERMANENT RECORD

