

NOV 27 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33860

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township _____ Primary Registration District No. 60339
City Clayton (No. Clayton & Bellard) St. _____ Ward _____

File No. _____
Registered No. 290

2. FULL NAME

August E. Brooker
(a) Residence, No. Clayton & Cece St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie L. Brooker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 11 3

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

13. NAME August Brooker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

15. MAIDEN NAME Addie Mligka

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europe

17. INFORMANT Marie L. Brooker
(ADDRESS) Clayton & Cece Rd

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Charles Mo DATE 10-11 1935

19. UNDERTAKER Arthur J. Donnelly & Co
(ADDRESS) 9540 Lindsey St

20. FILED 10/10 1935 Dr. J. J. Squorelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to Oct. 9, 1935
I last saw him alive on Oct. 9, 1935. Death is said to have occurred on the date stated above, at 4 P. m.

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

Cerebral hemorrhage Date of onset Oct 9/35

Other contributory causes of importance:

Hypertension 1930

Name of operation _____ Date of _____

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? No

If so, specify _____

(Signed) Albert E. Tamm, M. D.

(Address) 4502 Olive St. St. Louis

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.

THIS IS A PERMANENT RECORD

Albert E. Tansy

General Hospital,