

JUN 26 1936

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

Do not use this space.

8-50
20573
File No. _____
Registered No. 52
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township Cent. 7th Primary Registration District No. 447.1
City Wentworth No. 138 Madison Ave

2. FULL NAME

Lynch Brooks
(a) Residence, No. 138 Madison St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruth Brooks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 19 1855</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>2</u>
	DAYS <u>24</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>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</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) (STATE OR COUNTRY) <u>Shebeyville Tenn</u>		
FATHER	13. NAME <u>Arthur Brooks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Jane Long</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
17. INFORMANT (ADDRESS) <u>William Brooks 138 Madison Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pop Hill</u> DATE <u>May 16 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Parker and Co Webster Groves</u>		
20. FILED <u>5-16-1936</u> <u>Julius H. York</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936, to May 11, 1936.
I last saw him alive on May 11, 1936. Death is said to have occurred on the date stated above, at 1 a.m.

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

Cerebral Thrombosis Date of onset May 9

Other contributory causes of importance:

Hypertension
Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to natural 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) Victor Reese, M. D.
(Address) Webster Groves

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.

